

Revised Advertising for Alcoholic Drinks in the UK

Before the introduction of the Communications Bill in 2003 there were five separate bodies involved in the UK's advertising regulation. The Independent Television Commission, the Radio Authority, the Radio Communications Agency and the Broadcasting Standards Commission - all broadcast-related government agencies - plus the voluntary, and industry-funded Advertising Standards Authority (ASA) which focused on non-broadcast media. This is, as of November 1st, reduced to two. The Government supra-regulator Ofcom and the ASA.

Ofcom has now delegated its broadcast ad oversight duties to the ASA, making individual complaints much easier. The ASA predicts it will have 24,000 complaints regarding all media from the public over the next twelve months. This coincides with Ofcom publishing its revised rules for alcohol advertising on UK television, which will be released by Broadcast Committee of Advertising Practise.

In July 2004, Ofcom consulted on proposals to revise the Advertising Standards Code for alcohol television advertising. The responses it received largely supported the overall objectives of the proposal, but the industry felt the interpretative guidance notes were ambiguous or prescriptive and complicated. Ofcom said that taking account of the comments received, it had simplified the wording of its original proposal. This includes the rules about reducing the appeal of alcohol advertising to children and young teenagers. The rules restricting sexual content and links in alcohol advertising have also been strengthened, but Ofcom have deemed it would be appropriate and harmless to allow more creative leeway in this area than the consultation originally proposed. As long as links to youth culture are avoided as the revised rules require, Ofcom allows alcohol advertising to be linked, in a grown-up way, to romance.

The new rules will still allow responsible treatments involving flirtation and romance between over-25s. However, the proposed guidance has been removed on the understanding that, once the day-to-day responsibility for the regulation of broadcast advertising has settled into to the Advertising Standards Authority and the Broadcast Committee of Advertising Practice (BCAP) on it will be redrafted. The new rules will come into force on 1 January 2005, and will apply to all advertising campaigns conceived after that date. However, Ofcom said it accepts that some advertisers are already filming commercials intended for summer 2005 and has decided to allow a grace period, until 30 September 2005 for advertisers who will already have committed themselves to campaigns which may not comply with the revised rules. The 'firm but fair' revised code has been largely welcomed by the industry. The code is simplified, but tougher.

Revised alcohol advertising rules

Advertisements must not suggest that alcohol can contribute to an individual's popularity or confidence, or that refusal is a sign of weakness. Nor may they suggest that alcohol can enhance personal qualities.

Advertisements must not suggest that the success of a social occasion depends on the presence or consumption of alcohol.

Advertisements must not link alcohol with daring, toughness, aggression or anti-social behaviour.

Advertisements must not link alcohol with sexual activity or success or imply that alcohol can enhance attractiveness.

Advertisements must not suggest that regular solitary drinking is acceptable or that drinking can overcome problems.

Advertisements must not suggest that alcohol has therapeutic qualities nor offer it as a stimulant, sedative, mood-changer or to boost confidence. There must be no suggestion that physical or other performance may be improved by alcohol or that it might be indispensable.

Contents

(Click on an item/ page no. to be taken directly to your choice of article)

Social and Policy News	4
Medical News	6
Articles	
Can Moderate Wine Consumption Prevent Genetic Damage? by Michael Fenech and Creina Stockley	8
AIM Conference Report	10
Recent Findings Related to Alcohol and Heart Health from Around the Globe by Elizabeth Holmgren	15
The American Beverage Institute: Defending Responsible Adults Interview with John Doyle, ABI	18
WHO's Hijacking Responsible Drinking? By Helena Conibear	19
Review	
Reasonable Risk Alcohol Perspective by Marjana Martinic and Barbara Leigh	22

Advertisements must not suggest that a drink is to be preferred because of its alcohol content nor place undue emphasis on alcoholic strength.

Advertisements must not show, imply or encourage immoderate drinking. This applies both to the amount of drink and to the way drinking is portrayed.

References to, or suggestions of, buying repeat rounds of drinks are not acceptable.

Note: This does not prevent, for example, someone buying a drink for each of a group of friends. It does, however, prevent any suggestion that other members of the group will buy any further rounds.

(Continued on page 9)

AIM Digest
PO Box 2282
BATH, BA1 2QY, UK
Tel: (44) (0)1225 471444
Fax: (44) (0)1225 427444
e-mail: info@Aim-Digest.com
Web sites: www.aim-digest.com
www.drinkingandyou.com

Annual Subscriptions to AIM

Single subscription to AIM Digest on-line (published bi-monthly) £125, \$350 or E200
 Corporate subscription level of £500, \$1000 or E800 for AIM Digest on-line and the monthly highlights.

Please make cheques/drafts in British pounds sterling, dollars or Euros payable to **AIM Digest** at the above address or email via:
Sherry.Webster@Aim-Digest.com

Peter Duff – Executive Chairman,
 tel: (44) (0)1225 471444

email: Peter.Duff@Aim-Digest.com

Helena Conibear – Editorial Director,
 tel: (44) (0)1300 341601

email: Helena.Conibear@Aim-Digest.com

Elisabeth Holmgren – Director of US Operations
 tel: 001 925 9343226

email: Elisabeth.Holmgren@Aim-Digest.com

Sherry Webster – Communications Manager
 tel: (44) (0)1225 471444

email: Sherry.Webster@Aim-Digest.com

Alison Rees - Assistant Editor

email: AIM-Alison@btconnect.com

SOCIAL, SCIENTIFIC AND MEDICAL COUNCIL

Peter Duff – Chairman	UK
Helena Conibear -Editorial Director	UK
Elisabeth Holmgren - Director US	USA
Francois Booyse PhD	USA
Morris Chafetz, MD	USA
Prof. R Curtis Ellison	USA
Harvey Finkel M.D.	USA
Tedd Goldfinger DO, FACC	USA
Prof. Dwight B Heath	USA
Arthur Klatsky M.D.	USA
Alfred de Lorimer M.D.	USA
Prof. Oliver James	UK
Christopher Jarnvall	Sweden
Dr. Philip Norrie, MB BS	Australia
Ellen Mack M.D.	USA
Prof. Jean-Marc Orgogozo	France
Stanton Peele PhD	USA
Dr. Erik Skovenborg	Denmark
Creina S. Stockley	Australia
Dr. Thomas Stuttaford	UK
Dr. Elizabeth Whelan	USA

The publisher takes reasonable care to ensure the accuracy of quotations and other information contained herein, but is not responsible for any errors or omissions. Opinions and recommendations quoted herein are usually excerpted, digested or condensed, may be edited for continuity, and are only part of the opinions and recommendations expressed in the original sources, which should be consulted for details.

© AIM Digest 2001. All rights reserved. Material may be reproduced with attribution to AIM.

Published by: AIM Digest,
 PO Box 2282, BATH, BA1 2QY,

UK

A self imposed smoking restriction is being introduced in a third of the UK's pubs. Five of the UK's pub chains, which run around 22,000 bars, will voluntarily ban smoking in 80% of their floor space.

Rob Hayward, chief executive of the British Beer and Pub Association, explained: "Clearly with the number of non-smokers on the increase, companies want to reflect that in the way they run their pubs. At the same time we believe in freedom of choice and a policy that will still allow smokers to enjoy a night out with their friends in the pub."

Enterprise Inns, Mitchells & Butlers, the Punch Pub Company, Scottish & Newcastle Pub Enterprises and the Spirit Group hope that a self-imposed restrictions will stave off an all-out Government ban like the one in Ireland. The no-smoking rule will be phased in over the next five years.

RUSSIA

A law that would have banned Russians from drinking beer in public has been thrown out of the country's upper house of Parliament. The Federation Council has rejected the law "on restrictions on the retail sale and consumption (drinking) of beer and beer-based beverages in public places." According to reports out of Russia, senators agreed in principle with the ban, but felt the law needed more work. The Council instead sent it to a conciliation committee.

The law had been passed by the lower house, the Duma. It sought to place a ban on the retail sale of beer in children's, educational and medical organisations and the areas around them and prohibit the sale of beer to minors. In addition it would have banned the consumption of beer and beer-based beverages on the street, at stadiums, in public squares and parks, on public transport or in other public places, except for public catering sites that are licensed to sell these beverages.

DENMARK

Over a third of Danes are buying their alcohol abroad, according to recent figures. The Danish wine and spirits importers' organisation VSOD said that cross-border alcohol purchases account for 17% of the country's cross-border trade, up from 13% last year. Alcohol taxes are currently about 35% lower in Germany compared to Denmark.

Tax on beer and wine in Denmark is set to fall, according to the country's government, but it will be accompanied by a rise in tax on alcopops. The government said it was increasing the tax on alcopops to limit the consumption of the product by children and teenagers. The government said it will slash DKK0.14 from a bottle of beer and DKK0.85 off a bottle of wine, but tax on alcopops will increase by between DKK1 and DKK2.75 a bottle. The new taxes will come into force in February.

ESTONIA

Estonia's Ministry of Social Affairs has proposed a total ban on alcohol advertising, according to local press reports. The proposal was put forward at a working group meeting, which is preparing a new bill with regards to advertising. The bill will still allow advertising in restaurants, pubs, and bars, as well as shops, the reports said.

PHILIPPINES

Lawmakers in the Philippines are to endorse a lesser version of the proposed "sin tax" bill. The tax increase on cigarettes and liquor will be lower than originally planned, to avoid an extended debate in the country's Congress.

The Department of Finance was pushing for a 30% hike next year in tobacco and alcohol tax rates, and indexing their future to inflation. But the version passed by the House of Representatives' ways and means committee, which will still be debated in Congress, proposes a 20% increase in 2005 and 3% more in 2006 and in 2007. It is expected to raise PHP25.5 bln over three years. After the bill gets through the House of Representatives, it will be sent to the Senate, which could either adopt the measure or pass its own version.

Youth Drinking Trends Stabilize, in US

A new analysis of youth drinking trends in the US by researchers at the National Institute of Health shows that the prevalence of underage drinking has decreased since its peak in the late 1970s, that drinking by youth has stabilized over the past decade.

Since 1975, information about drinking by persons age 18 and younger has been collected by a number of ongoing national surveys, including the Monitoring the Future (MTF) study, the Youth Risk Behavior Survey (YRBS), and the National Household Survey on Drug Abuse (NHSDA). These surveys have shown that almost 80 percent of adolescents have consumed alcohol by the time they are 12th-graders, and that about 12 percent of 8th-graders have consumed five or more drinks on a single occasion within the past two weeks. Although year-to-year differences in drinking patterns in these surveys are often

statistically significant, such short term comparisons provide little useful information about long term trends, or changes in drinking habits over multi-year periods.

In this study, researchers Vivian B. Faden, Ph.D., of the NIAAA, and Michael P. Fay, Ph.D., of the National Cancer Institute applied "joinpoint" statistical methodology to analyze trends in youth drinking data collected in three surveys: the MTF, the YRBS, and the NHSDA. Joinpoint analysis uses sophisticated statistical methodology to look at all available years of data from a survey simultaneously to identify significant changes in direction in trends. "We applied this technique to three different surveys to see if joinpoint statistics tell the same story in terms of trends across surveys," explains Dr. Faden, Associate Director of NIAAA's Division of Epidemiology and Prevention Research.

The analyses showed an increase in youth drinking in the late 1970s, followed by a long period of decreases until the early 1990s. The authors note that the decline in underage drinking rates during this period probably reflects the increase in the minimum legal drinking age from 18 to 21. Since the early 1990s, all three surveys included in this analysis indicate relatively stable prevalence rates for underage drinking.

Rates for any alcohol use in the past 30 days range from 19.6 percent of 8th graders to 48.6 percent of 12th graders. The data also show that more than 12 percent of 8th graders and nearly 30 percent of 12th graders report drinking five or more drinks in a row in the past two weeks.

Source: Faden VB et al. Trends in Drinking Among Americans Age 18 and Younger: 1975-2002. *Alcoholism: Clinical & Experimental Research* 2004;28:1388-95.

Carling to Display Responsible Drinking Message

Coors Brewers is to become the first major brewer to put a responsible drinking message on its UK packaging. Cans of Carling, Britain's biggest selling beer, will feature the message: "Enjoy Carling. Take it easy." When new packaging is launched later this year.

Peter Kendall, Chief Executive of Coors Brewers, said: "At Coors we take our commitment to alcohol responsibility extremely seriously. The wording on the packaging makes the point to consumers that it's fine to enjoy Carling, but that it's best to take a sensible approach to drinking any alcohol."

Kendall added: "The Government's National Alcohol Harm Reduction Strategy published earlier this year acknowledged that whilst the majority of British people drink alcohol in moderation, more could be done to educate and assist the minority who don't. As part of this, there are steps that

manufacturers can take to encourage people to drink responsibly and we hope our new on-pack message, combined with voluntary unit labelling, will help consumers make sensible choices."

Coors has already demonstrated its commitment to alcohol responsibility as the first British brewer to run dedicated alcohol responsibility ads on TV. The £1/2 million Carling campaign broadcast in Scotland in December 2003 and May 2004 featured Martin O'Neill and Alex McLeish, managers of Celtic and Rangers Football Clubs respectively, urging consumers to 'enjoy their night, but take it easy'. The campaign was developed in conjunction with the Scottish Health Executive. Research with 18-34 year old males in Scotland showed that almost half of those who had seen the ads agreed that they would be more aware of how much they drink as a result.

Scottish Courage Downsizes Supersizes

Scottish Courage, the brewing arm of Scottish & Newcastle, has made moves to counter binge drinking in the UK. The company is to scrap "supersize" bottles of cider. The company will package its cider in bottles with a maximum capacity of two litres from next January, Scottish Courage has announced. The company has been offering 50% extra free on White Lightning and Symonds Original while Strongbow and Woodpecker have had 25% extra free. Scottish Courage said the move is to support its stance on responsible drinking and to restore value to the cider market.

The UK Government safe drinking guidelines recommend that adult males drink a maximum of 28 units of alcohol per week (3-4 units per day). A three-litre bottle of White Lightning contains 22.5 units

Parents Influence Children's Attitude to Drinking Alcohol

Parents play an important role in their children's underage drinking, according to a recent study by researchers at Wake Forest University Baptist Medical Center. The study shows that teens are more likely to binge drink if their parents or friends' parents provide alcohol at their home for a party.

"Parental approval of underage alcohol use is surprisingly prevalent," said Kristie Foley, Ph.D., a researcher at Wake Forest Baptist and the principal investigator of the study. Approximately 1 in 4 respondents, ages 16 to 20, attended a party where alcohol was supplied by a parent. "Parents have good intentions, thinking the teenagers won't drink and drive, that they are safer staying at home, but it sends the wrong message. Adolescents interpret this behavior as an approval to drink alcoholic beverages. Our study showed that teenagers whose parents provided alcoholic beverages for their children and their peers at a party were two times more likely to binge drink and to use alcohol within a 30 day period."

Strict consequences of breaking the house rules regarding drinking also helped deter underage drinking among teens, the study found. "If a teen thinks he or she will receive severe punishment (as perceived by the teen) if they are caught drinking, they are less likely to consume alcoholic beverages," Foley said.

In an interesting twist, respondents who drank with their parents were about half as likely to indicate that they had drunk alcohol in the last 30 days and about one-third as likely to binge drink. "It appears that parents who model responsible drinking behaviors have the potential to teach their children the same," Foley said. "We did not investigate the context in which the alcohol was provided, for example, as part of a religious service or at a one-time celebration, but it appears that once something is not taboo in a household it reduces the likelihood that it will be abused. We need to do follow up studies to explore this issue further".

The bottom line, says Foley, is know your children's friends and their parents' attitudes towards drinking. "As teens go through puberty, parental involvement does matter. They can influence their child's behavior in a positive way."

The study was conducted as part of the National Evaluation of the Enforcing Underage Drinking Laws Program. A total of 6,245 youth in 242 communities were included in the telephone survey. Teens between the ages of 16 and 20 were asked about their alcohol usage and other drinking behaviors in the last 30 days.

Source: Foley KL et al. Adults' approval and adolescents' alcohol use. *Journal of Adolescent Health* 2004;35:345-6.

Irish Taskforce Reports on Binge Drinking

The Government-appointed taskforce on Alcohol presented its report to the Irish Minister for Health in September on combating alcohol-related problems in Ireland. The report confirms that the Irish are amongst the highest consumers of alcohol in Europe, with a consumption rate of 13.5 litres of pure alcohol per adult in 2003. It estimates that the health effects of alcohol, drink-driving and alcohol-related crime cost Irish society more than \$3bn in 2003.

The report recommends that restrictions are placed on "any further increase" in the number of outlets across the country selling alcohol, and the increase of taxes on alcohol products, with nine sets of recommendations aimed at curbing the rising levels of alcohol consumption in the Republic. These centre on putting in place measures to reduce availability of alcohol, increasing awareness among employers about the hazards of alcohol in the workplace, the need for health warnings to be placed on the labels of all alcohol products and the need for pregnant women to be aware of the dangers of drinking.

The report also contains measures aimed at protecting children from exposure to alcohol, stating that children should be protected from advertising promotions much more rigorously and that those aged under 18 should not be allowed to work in bars unless they are part of a family which owns and runs a licensed premises.

UK Campaign Highlights Underage Drinking

The final results from the National Alcohol Misuse Enforcement Campaign have been released.

From the beginning of July to the end of August, police and trading standards officers carried out sting operations against more than 1,700 licensed premises, targeted over 4,000 troublemakers with fixed penalty notices and confiscated alcohol from more than 9,500 adults and juveniles. Results from the campaign period show that: Police and partners visited more than 30,500 premises (23,570 on and 7,153 off licence); 4% of those premises visited were found to have committed an offence; Out of 1,825 sting operations on targeted establishments, 51% of on licence and 32% of off licence

premises were found to be selling to under-18s; Police issued 4,060 fixed penalty notices to individuals - 43% for causing harassment, 44% for being drunk and disorderly and 13% for other alcohol-related offences;

In addition to this, 5,764 arrests were made; Police confiscated alcohol from 3,311 under-18s and from 6,385 adults in a 'designated area'; 70 dispersal orders were in place by the end of the campaign. Home Secretary, David Blunkett said: "These figures show that a co-ordinated blitz delivers real results. ...this extra effort over the summer has made significant progress in tackling underage and binge drinking and alcohol-fuelled disorder... Progress is being made - the extension of

fixed penalty notices to target people involved in selling or buying alcohol for under 18's has been passed by Parliament and will come into force in November.

Blunkett continued: "I am determined to tackle the irresponsible and illegal selling of alcohol identified during the campaign. I recognise that good work is being done by many in the industry to combat this, but there is no point for policies to be in place to deal with sales of alcohol to minors if they are not implemented... I will be writing to the chief executives of the off licences and drinking establishments that have repeatedly sold alcohol illegally to find out what positive action will be taken to address this."

Mediterranean Diet and Healthy Lifestyle Associated with a Significant Reduction in Death rate

Individuals aged 70 to 90 years old who adhered to a Mediterranean-type diet and several healthy lifestyle habits had a more than 50 percent lower death rate than those who did not, according to a recent study.

Because of the cumulative effect of adverse factors throughout life, it is particularly important for older persons to adopt diet and lifestyle practices that minimize their risk of death from illness and maximize their prospects for healthful aging, according to background information in the article. Dietary patterns and lifestyle factors are associated with death from all causes, coronary heart disease, cardiovascular diseases, and cancer, but few studies have investigated these factors in combination.

Kim Knoops, M.Sc., of Wageningen University, the Netherlands and

colleagues investigated the single and combined effect of a Mediterranean diet (rich in plant foods and fish, low in meat and dairy products, and with a high ratio of monounsaturated fatty acids to polyunsaturated fatty acids), being physically active (approximately 30 minutes of activity per day or more), moderate alcohol use, and nonsmoking on all-cause and cause-specific death in European elderly individuals.

The study, HALE (Healthy Ageing: a Longitudinal study in Europe), was conducted between 1988 and 2000 and was comprised of individuals enrolled in the Survey in Europe on Nutrition and the Elderly: a Concerned Action (SENECA) and the Finland, Italy, the Netherlands, Elderly (FINE) studies. It included 1,507 apparently healthy men and 832 women, aged 70 to 90 years in 11 European countries.

The researchers found that adhering to a Mediterranean diet was associated with a 23 percent lower risk of all-cause death; moderate alcohol use, a 22 percent lower risk; physical activity, a 37 percent lower risk; and nonsmoking, a 35 percent lower risk. Similar results were observed for death from coronary heart disease, cardiovascular diseases, and cancer. Having all four low risk factors lowered the all-cause death rate by 65 percent. In total, 60 percent of all deaths, 64 percent of deaths from coronary heart disease, 61 percent from cardiovascular diseases, and 60 percent from cancer were associated with lack of adherence to this low-risk pattern.

Source: Knoops KTB et al. Mediterranean Diet, Lifestyle Factors, and 10-Year Mortality in Elderly European Men and Women: The HALE Project. *JAMA* 2004;292:1433-9.

Drinking Doesn't Appear to Raise Bladder Cancer Risk

New research suggests that drinking alcohol does not increase the risk of bladder cancer. In fact, the investigators found that beer may reduce the risk, according to a report in the September 15th issue of the *Journal of the National Cancer Institute*.

Previous studies have yielded conflicting results regarding the link between alcohol and bladder cancer. While most studies have not shown an association, other studies have revealed a possible link.

Dr. Luc Djousse, from Boston University, and colleagues addressed the issue by analyzing data from 10,125 subjects enrolled in the Framingham Heart Study. For each subject who developed bladder cancer during follow-up, the researchers selected five study participants who did not develop bladder cancer, but who were similar for other risk factors.

During an average follow-up period of 27 years, 126 subjects developed bladder cancer.

Total alcohol consumption was not significantly associated with bladder cancer risk nor was drinking wine or spirits in particular. In contrast, beer seemed to reduce the risk. Subjects who consumed more than four drinks of beer per week were 50 percent less likely to develop the malignancy than were non-drinkers.

As to why the present findings differ from previous reports, the authors note that differences in the number of participants who had other risk factors for bladder cancer — heavy drinking or smoking — may have played a role.

The results support previous studies showing no link between alcohol intake and bladder cancer, the researchers conclude. Further research, however, is needed to confirm that beer really has a protective effect, they add.

Source: Luc Djousse et al. Alcohol Consumption and the Risk of Bladder Cancer in the Framingham Heart Study. *J Natl Cancer Inst* 2004;96:1397-400.

A Couple of Drinks Can Aid the Memory

Older women who have a drink or two a day have better memory skills than non-drinkers, University of Texas researchers have found. “Moderate drinkers reported less depression, had higher self-reported health, performed better on instrumental everyday tasks ... and (had) improved memory performance,” Dr. Graham McDougall, associate professor of nursing at the university, said in a statement.

The five-year survey, which began in 2001, is looking at men and women with an average age 75 in central Texas. As part of the study, a group of women were asked to remember items such as a story, the placement of hidden objects, future intentions and connecting random numbers and letters.

Those who drank alcohol in moderation did better on the tests than those who did not drink at all, according to the study. “In addition to their actual performance on tests, the confidence of those who drank was higher and they used more strategies to facilitate memory,” McDougall said.

Moderate Drinking Can Benefit Heart Patients

According to researchers, drinking moderate amounts of alcohol can cut further narrowing of the arteries in patients who have had heart surgery. The benefits of drinking moderate amounts of alcohol to reduce the risk of heart disease are well known, but scientists at Heidelberg University in Germany have shown that even after the damage has been done and repaired, alcohol has a protective effect.

In patients who had surgery to open up a blocked artery, alcohol cut the risk of restenosis, or re-narrowing of the treated artery, which occurs in 30-40 percent of patients in the first four months afterwards. "Alcohol consumption in this patient population reduced the incidence of restenosis," said Dr Feraydoon Niroomand, a cardiologist at the university. "This is the first time this has been shown in patients."

Coronary heart disease is a major cause of death in industrialized countries. Niroomand and his team questioned 225 male patients who had balloon angioplasty about how much alcohol they drank in the first few months after the procedure. Balloon angioplasty is a standard treatment for heart disease. It involves inserting a very tiny balloon into the artery, inflating it and putting a tube

in place to hold the artery open so blood can flow freely through it. The researchers, who reported their findings in the journal *Heart*, found that patients who drank little or no alcohol had more blocked arteries, worse cholesterol levels and poorer heart function than patients who drank 50 grams of alcohol, or about a bottle of wine or 2.5 liters of beer, a week.

They were also more likely to need a repeat angioplasty. "There are data from experimental studies that show alcohol reduces the proliferation of smooth muscle cells which constitute the majority of the vessel wall and which are also responsible for this renarrowing," Niroomand said.

Forty-two percent of patients in the study who drank little or no alcohol needed a repeat angioplasty, compared to 23 percent in the group who consumed moderate amounts. Niroomand said, though, that the results should not encourage people to take up or increase their drinking.

Source: Niroomand F et al. Influence of alcohol consumption on restenosis rate after percutaneous transluminal coronary angioplasty and stent implantation. *Heart* 2004;90(10).

Red Wine May Prevent Prostate Cancer

Drinking a glass of red wine a day may cut a man's risk of prostate cancer in half, and the protective effect appears to be strongest against the most aggressive forms of the disease, according to a new study led by investigators at Fred Hutchinson Cancer Research Center. The findings, by Janet L. Stanford, Ph.D., and colleagues in Fred Hutchinson's Public Health Sciences Division, appear online in *The International Journal of Cancer*.

"We found that men who consumed four or more glasses of red wine per week reduced their risk of prostate cancer by 50 percent," Stanford said. "Among men who consumed four or more 4-ounce glasses of red wine per week, we saw about a 60 percent lower incidence of the more aggressive types of prostate cancer...The more clinically aggressive prostate cancer is where the strongest reduction in risk was observed."

Stanford and colleagues found no significant effects - positive nor negative - associated with the consumption of beer or hard liquor and no consistent risk reduction with white wine. This suggests that the antioxidant resveratrol may be accountable.

While the researchers found that the risk of prostate cancer decreased 6 percent for every glass of red wine consumed per week, research shows the law of diminishing returns comes into play when consumption increases beyond moderation. Stanford states "From a public-health standpoint, it's difficult to recommend any alcohol consumption given the risks associated with heavy consumption, from increased overall cancer risk to accidental injury and social problems. But for men who already are consuming alcohol, .. this study suggest that modest consumption of red wine - four to eight 4-ounce drinks per week - is the level at which you might receive benefit. ."

Alcohol, Red Meat Raise Colitis Relapse Risk

A diet high in red meat and alcohol could triple the risk of relapse in patients with ulcerative colitis, a new study says.

While monitoring 183 British men and women with the inflammatory bowel disease, doctors at the University of Newcastle found those who ate more than 100 grams of meat a day were three times as likely to relapse as people eating 50 grams or less a day. The risk increased to five times as likely if the people were eating red meat or processed meats, according to the study, which appears in the October issue of *Gut*. Those who

drank the most alcohol were three times as likely to experience a recurrence, the researchers found.

High intakes of sulfur and sulfate were associated with relapse, which could explain the link with red meat and alcohol. Dietary sulfur is mostly found in high-protein foods, while sulphate is found in many alcoholic drinks.

SOURCE: Jowett SL et al. Influence of dietary factors on the clinical course of ulcerative colitis: a prospective cohort study. *Gut* 2004;53:1479-84.

Red Wine has Different Effects on Platelets than other Alcoholic Drinks

Numerous studies have shown a link between moderate alcohol consumption, versus abstinence or heavy consumption, and decreased mortality from cardiovascular disease. Conversely, the rapid consumption of large amounts of alcohol within a short period of time - also known as binge drinking - is associated with increased mortality from all causes, including cardiovascular ones. Alcohol's effects on platelet adhesion and aggregation may provide part of the answer to this riddle, as shown by findings published in the October issue of *Alcoholism: Clinical & Experimental Research*.

For this study, healthy volunteers (n=20) were asked to drink either three glasses of alcohol (Bacardi Breezer®) or red wine during a 45-minute period of time, after which 45 minutes were allowed for alcohol absorption. Ninety minutes after the start of the experiment, blood was collected from all participants. This entire cycle was then repeated once, resulting in consumption of six alcoholic drinks in three hours. Researchers then measured levels of platelet aggregation, induced by a modest stimulatory substance called adenosine-diphosphate (ADP), platelet adhesion to fibrinogen, and collagen.

Binge consumption of alcohol both increased platelet aggregation and

inhibited platelet adhesion to fibrinogen-coated surface under flow. In contrast, binge consumption of red wine did not increase platelet aggregation.

Simplistically speaking, excess platelet aggregation is bad whereas inhibited platelet adhesion tends to be good. "Platelet adhesion, rolling platelets that stick to a vessel wall, is the first step to repairing a damaged vessel wall," said de Lange. "This is then followed by platelet aggregation, platelets sticking to each other, to form a plug that clogs the hole in a vessel. Thus, adhesion and aggregation of platelets are very important for the repair of vessels. However, clog formation in vessels can also prevent delivery of blood and oxygen to tissues beyond the clog, which will die as a result of oxygen and energy shortage. This is called 'infarction,' which can be life threatening if it occurs in your heart or brain."

De Lange and his co-authors speculate it is doubtful, at these binge-consumption levels, that alcohol's beneficial effects of diminished adhesion completely compensate for the increase in platelet aggregation.

"Maybe drinking regularly two to five glasses a day results in inhibition of platelets," said de Lange, "but drinking large quantities of alcohol in a short

period of time, like in our binge-drinking volunteers, actually agitates platelets. This might explain why more people die from heart attacks after a night of binge drinking."

De Lange said there are two take-home messages from his study. First, "for the modest daily consumption of an alcohol-containing beverage, perhaps red wine is superior to other beverages because of its high polyphenol count, it might be beneficial to cardiovascular diseases. However, it appears that drinking large quantities in a short period can have detrimental effects through agitation of platelets. This might explain the increased cardiovascular mortality associated with binge drinking..."

Second, we showed that alcohol was able to inhibit platelets adhering to fibrinogen at high-flowing speed. This might prevent occlusion of damaged vessels, thus preventing infarction. In short, we did find opposing results, one beneficial and one detrimental to 'atherosclerosed vessels. We cannot predict which of these prevails in the human body; this must be explored in further studies'."

Source: October issue of *Alcoholism: Clinical & Experimental Research* (abstracts available via <http://www.alcoholism-cer.com/pt/re/alcoholism/currenttoc.htm>)

Red Wine Slows Lung Cancer, White Raises Risk

Drinking red wine could protect against lung cancer, but white wine may increase the risk according to a study by Spanish scientists.

They examined the effects of different types of wine on lung cancer, the most common and deadly form of the disease. "Consumption of red wine ... was associated with a slight but statistically significant reduction in the development of lung cancer," Professor Juan Barros-Dios, of the University of Santiago de Compostela, said in a study in the journal *Thorax*.

Red wine's tannins and resveratrol could explain the drink's anti-cancer properties.

Tannins act as antioxidants, which mop up free radicals — particles harmful to cells. Resveratrol is known to fight cancer tumour growth. "We have known for a while that drinking a little red wine can protect against a number of conditions, from the common cold to coronary heart disease. This new research suggests that red wine, in moderation, could also protect against lung cancer", said Professor Andrew Peacock of the British Thoracic Society

The scientists could find no explanation why white wine appeared to increase lung cancer risk. "We really don't know how to explain this result. Maybe it highlights the difference in red and white wine

composition," states Dr Alberto Ruano-Ravina. However, he emphasized the risk was very slight and only 39 white wine drinkers were studied. The researchers stressed the aim of the study was to investigate red wine's anti-cancer components, not to determine how much wine would ward off cancer. The effects of wine drinking were studied in 132 people with lung cancer and 187 people who were in hospital for non-tobacco related minor surgery in the northwestern Santiago de Compostela district of Spain.

Source: Ruano-Ravina A et al. Type of wine and risk of lung cancer: a case-control study in Spain. *Thorax* 2004;59:981-5.

Can Moderate Wine Consumption Prevent Genetic Damage?

by Michael Fenech of CSIRO Health Sciences and Nutrition
and Creina Stockley of The Australian Wine Research Institute

All alcoholic beverages have the ability to reduce the risk of all-cause mortality by approximately 20 to 50 percent, when consumed in moderation. This ability has been demonstrated by the extensive epidemiological studies, which have been undertaken in men and women, for different age groups, and for different nationalities or populations (Moore and Pearson 1986, Marmot and Brunner 1991, Rimm et al. 1991, Maclure 1993, Renaud et al. 1993, Doll et al. 1994, Klatsky 1994, Fuchs et al. 1995, Rimm et al. 1996, Rimm et al. 1999). The risk of all-cause mortality increases progressively, however, with immoderate consumption.

Some of these studies have also considered the alcoholic beverage consumed and the reduction in risk of, for example, cardiovascular disease. From these studies it can be concluded that the alcohol component, which is common to all the beverage types, does confer a benefit.

Particular prospective epidemiological studies have indicated that consumers of wine, however, have a greater reduction in the risk of cardiovascular disease and certain cancers than consumers of beer or spirits (Boffetta and Garfinkel 1990, Gronbaek et al. 2000, Klatsky 2003). The reduction in risk of cardiovascular disease was similar to that for consumers of certain fruits, grains and vegetables, where the linkage between wine and these foodstuffs is their concentration of phenolic compounds (Grundy 1986, Block 1992, Block et al. 1992, Ames et al. 1993, Hertog et al. 1993, Kinsella et al. 1993, Willett et al. 1995, Halliwell et al. 1995, Hertog et al. 1995, Renaud 1996). Phenolic compounds, such as flavonols, phenolic acids and their esterified derivatives, are purported to act as antioxidants.

Antioxidants are molecules that inactivate oxidants, and can prevent the oxidation of fats or lipids. Lipoprotein particles, such as low density lipoprotein (LDL), transport fat-soluble antioxidants, including vitamin E, within the blood and to the wall of arteries. Accordingly, they are believed to protect against atherosclerosis and cardiovascular disease by preventing lipids in the artery wall from oxidation. It is postulated that oxidation occurs when the

protective antioxidant compounds present in the LDL particle are depleted (Steinbrecher et al. 1990).

Oxidative free radicals also cause mutation of DNA sequences and breakage of DNA strands, which are the underlying causes of the initiation and progression of cancer (Ames et al. 1995). When the genetic material or DNA of cells is damaged, the characteristics of the cell are altered causing it to malfunction or die. It is the excess occurrence of dead cells and mutant cells in the body that ultimately accelerates cancer and other diseases of old age including Alzheimer's disease (Smith et al. 1996). A number of factors may contribute to this damage, including chemical genotoxins, lifestyle factors (diet, exercise and the environment), and medical therapies including radiotherapy and cytotoxic drugs. Oxidising agents such as hydrogen peroxide and ionising radiation cause chromosome breakage and loss, as well as cell death (Fenech et al. 1999a, Fenech et al. 1999b).

As a diet high in certain fruits, grains and vegetables has also been associated with a reduced risk of cancer, this has prompted researchers to investigate whether any of the wine-derived phenolic compounds might protect cells and DNA from damage leading to cancer. From epidemiological studies, for example, moderate wine consumption has been observed to decrease the risk of Non-Hodgkin's Lymphoma by approximately 20 to 40%, particularly in individuals who began consuming wine as young adults (Briggs et al. 2002), and similar decreases in risk have been observed for aero-digestive tract and lung cancers (Gronbaek et al. 1998, Prescott et al. 1999). The results from numerous in vitro (test tube) and animal studies suggest that individual wine-derived phenolic compounds may be protective against DNA damage by inhibiting the oxidising agents (Ames et al. 1995). For example, in 1996, an initial in vivo (clinical) study was undertaken by the CSIRO Health Sciences and Nutrition in conjunction with The Australian Wine Research Institute (AWRI) (Fenech et al. 1997) to determine if the acute consumption of 200 mL wine produces a measurable change in the antioxidant capacity of blood plasma, and whether this in turn, reduces oxidative damage to DNA. The results indicated that the consumption of wine, both red and white,

produced significant, changes in the plasma which protected DNA from damage induced by hydrogen peroxide, but only red wine consumption, however, reduced spontaneous chromosome damage. This was the first evidence that moderate wine consumption could minimise the DNA-damaging effects of oxidizing agents and subsequent studies have supported these results (DeFlora et al. 1997, Andreassi et al. 2000, Izzotti et al. 2001). An observation that the duration of this protective effect was diminished by eight hours post-dose, implies that the regular consumption of wine is important to maintain a protective effect. Leighton et al. (1999) has also recently shown that the short-term consumption of red or white wine, in particular in combination with a Mediterranean diet, could significantly reduce DNA damage in both elderly men and women. Interestingly, the women consumed half the amount of wine consumed by the men but showed a similar reduction in extent of DNA damage. No cellular mechanism of action has, however, been determined.

The diseases of old age such as cardiovascular disease, cancer and Alzheimer's Disease are expected to increase significantly over the next few decades as people increasingly survive beyond the age of 80 years. Consequently there is interest in identifying lifestyle factors and molecular mechanisms that can minimise the risk of these debilitating conditions. Accordingly, a recently completed GWRDC-funded project by the CSIRO Health Sciences and Nutrition was undertaken in two phases:

Two studies were undertaken in Phase I. The first study was an in vitro study which tested human plasma or whole blood from four healthy male subjects ages 20-25 years that was spiked with different wine components for protection against hydrogen peroxide and ionizing radiation induced DNA damage. The components examined were ethanol, glycerol, tartaric acid, and

caffeic (a hydroxycinnamic acid phenolic compound)/catechin (a flavanol phenolic compound) mixture and compared to a Riesling wine stripped of phenolic compounds and a control salt solution, which was a diluent for the wine components. The components were added at 2.5% and 10% of the concentration observed in wine, where 2.5% corresponds to the concentration observed in the body fluids of a 60 kg volunteer after consuming 300 mL (approximately three glasses) of white wine. The cells were then analysed via the cytokinesis block micronucleus assay, which enables chromosome or DNA damage to be scored (Fenech 1993).

It was observed that the phenolic compounds, such as catechin and caffeic acid, and the mixture including these components, significantly decreased baseline DNA damage and DNA damage caused by ionising radiation. It was observed that the ethanol component significantly increased base-line DNA damage, but the mixture that included both ethanol and the phenolic compounds, completely countered the DNA damaging effects of ethanol. These effects were observed for both the 2.5% and 10% concentration of the components, although the protective effect of the phenolic compounds was most significant for the 10% concentration. Ethanol, as well as the component mixtures, produced

the strongest protective effects against DNA damage by hydrogen peroxide. The protective effect of the mixture did not account for the expected additive protective effects of the individual components, which suggests that the components may be exerting their effects through similar mechanisms, which are saturated at the concentration tested.

In conclusion, these observations suggest that the primary phenolic and ethanol components of wine can reduce the DNA damaging effects of two important oxidants, hydrogen peroxide and ionising radiation, in a

physiologically relevant in vitro system. This has important clinical indications, such as in radiotherapy for the treatment of cancerous cells and the protection of normal tissue.

The second study was an ex vivo study in which blood from six healthy male subjects was tested for its resistance to DNA damage induced by hydrogen peroxide or ionising radiation, following the consumption of 300 mL red wine, dealcoholised red wine or a model wine (12% alcohol solution). The subjects were placed on a plant phenolic compound free diet for 48 hours prior to each study day. The results of this study showed a clear protective effect of the dealcoholised wine, an aggravating or negative effect of alcohol and an intermediate but protective

effect of whole wine. The most significant protective effects were observed at two hours post consumption. These results were important in verifying that it is the non-alcoholic phenolic fraction of wine, which has DNA-protective properties in blood and body tissues in vivo.

Other researchers have examined the effect of specific wine-derived phenolic compounds on cancer, such as resveratrol (stilbene), quercetin (flavonol), catechin (flavanols) and gallic acid (hydroxybenzoic acid). These

wine-derived phenolic compounds appear capable of inhibiting each of the three steps involved in the development of cancer. In particular, in vitro, animal and limited in vivo studies suggest that resveratrol inhibits the cellular events associated with cancer initiation by acting, for example, as an antioxidant and antimutagen, mediates anti-inflammatory and other effects associated with cancer promotion, and induces cell differentiation associated with cancer progression (Jang et al. 1997).

Creina Stockley is a member of the AIM Council.

This article was originally published in the Australian & New Zealand Grapegrower & Winemaker, 489:TBA;2004

For a full set of reference please contact alison.rees@aim-digest.com. These will be posted on the web site in due course.

OFCOM's New Advertising Rules for Alcohol (Continued from Front Page)

Alcoholic drinks must be handled and served responsibly

Advertisements must not link drinking with the use of potentially dangerous machinery, with behaviour which would be dangerous after consuming alcohol (such as swimming) or with driving 11.8.2

Additional rules for alcohol advertisements:

Advertisements for alcoholic drinks must not be likely to appeal strongly to people under 18, in particular by reflecting or being associated with youth culture

Children must not be seen or heard, and no-one who is, or appears to be, under

25 years old may play a significant role in advertisements for alcoholic drinks.

No-one may behave in an adolescent or juvenile way In advertising for low alcohol drinks, anyone associated with drinking must be, and appear to be, at least 18 years old

There is an exception for advertisements in which families are socialising responsibly. In these circumstances, children may be included but they, and anyone who is, or appears to be, under 25 must only have an incidental role. Nevertheless, it must be explicitly clear that anyone who appears to be under the age of 18 is not drinking alcohol

Advertisements for alcoholic drinks must not show, imply or refer to daring, toughness, aggression or unruly, irresponsible or anti-social behaviour

Advertisements for alcoholic drinks must not appear to encourage irresponsible consumption

Advertisements for alcoholic drinks must not normally show alcohol being drunk in a working environment

Alcoholic drinks must not be advertised in a context of sexual activity or seduction but may include romance and flirtation for over 25s.

CONFERENCE REPORT

Education messages on alcohol – How do we get through to young people?

AIM held its second AIM Forum on sensible drinking on October 27th, kindly hosted by the John Lewis Partnership in London.

The objective of establishing a healthy attitude to, respect as well as enjoyment of alcohol formed the theme of the forum, **'Education Messages on alcohol to Young People - how do we get through?'**

AIM welcomed 60 delegates from around the world to 'brainstorm' the issues, influences and programmes aimed at affecting young people and how they regard alcohol.

Helena Conibear started proceedings breaking the term 'young people' into specific age groups from under 8's to age thirty. In the UK, the average age for a whole drink is 12.4 years for example, and by age 15, 80% are drinking alcohol with 33% reporting getting drunk. Specific messages are needed for each group.

Ms Conibear drew on a study by the British Medical Journal reported in Adolescent Health earlier this year, **'Young people in Britain are increasingly likely to be overweight, indulge in binge drinking, have a sexually transmitted infection and suffer mental health problems' With a risk of dying younger than their parents'**. The BMJ describes a generation let down by their parents, education and society.

Ms Conibear argued that in relation to drinking, the key here is that patterns of drinking are out of hand, as total consumption is relatively static.

-Binge drinking accounts for 40% of young male drinking and 22% of female drinking in Britain

-33% of 15 year olds report getting drunk compared to one in ten French teenagers and Italian teenagers.

-British teenagers tend to get drunk earlier than their European peers, except in Ireland and Denmark.

According to the Office of National Statistics however, the increase in damaging patterns of drinking since the 1980's is **'Almost entirely due to an increase among women.. (of 16- 24 year old women)... their rate more than doubled from 15% in 1988/89 to 33% in 2002/3 (young men exceeding the weekly bench mark has risen 7% from 30% to 37%'**.

Furthermore, in the UK 10% young women age 16 - 24 drink more than 35 units a week (up from 3% in 1998) - That is twice the daily guidelines.

The total number of women exceeding these benchmarks remains minimal at 3% up from 2% a decade ago, showing that all the growth is amongst young women with 60% of them drinking the alcohol in one or two sessions a week.

Both **Dr.Lynn Owen, Nurse Consultant Alcohol Services at Liverpool Hospital** and **Russell Tullett of the Alcohol**

and Drugs Substance Abuse Team for under eighteen year olds in Portsmouth talked of their experience of working with young people who have been admitted to hospital or rehabilitation programmes. Lynn talked of the importance of a simple questionnaire/ screening to better identify prospective children with problems, arguing that if they are admitted to A&E it is too late. Russell Tullett believes the current material he has for his clients on alcohol is poor and is not on ' their wavelength. Many of the young people he dealt with were in trouble due to poor parental support, social exclusion or academic difficulties. Much of his job is in providing support to improve clients' confidence and self esteem, and regarding drinking, their programme advocates moderation rather than abstinence.

Kate Winstanley of the **Portman Group** illustrated initiatives that are intended for specific age groups such as talking posters for pubs, footage in loos, cinema ads and a spoof beauty cream for women. Ms Winstanley emphasised the need for imaginative material rather than negative messages on alcohol that just don't work. Their most recent campaign ' don't be the drunken Monkey' recently market tested will not be rolled out further due to animal rights concerns and disappointing responses from the target audience. The Portman Group believe working with partners such as the National Union of Students can also make a real difference to reducing damaging patterns of drinking.

After discussing the motivations for young peoples drinking, which have remained largely unchanged, suggestions were made as to **why damaging patterns are growing?**

'If we go back 20 or 30 years ago, groups of individuals, mainly males, would go out for a drink. Drink was ancillary to the evening... There was something, some informal pressure that stopped people drinking to excess. In some way, you were less of a man if you got drunk, because it meant you couldn't hold your drink.

Nowadays what we see in our towns and our villages and our city centres is large groups of both males and females going out with the sole intention of getting paralytic, of getting drunk. That is their raison d'être for the evening. Alcohol is the main part of the evening. The socialising is a by-product.'

Commander Chris Allison, Association of Chief Police Officer, Westminster Diet and Health Forum September 2004

This is the crux, with excess as social performance appearing to be the norm, coupled with the right of more liberalised females to drink aggressively. Other contributing factors include better jobs, better education, settling down later. The drinking environment also effects behaviour; this includes the concentration of pubs and clubs in city centres rather than a mixed environment, plus the danger of irresponsible promotion if there is over capacity, plus a concentration of one age group if you don't have cafes, restaurants and pubs/ clubs mixed together, further encouraging excess.

CONFERENCE REPORT

In this context, **Mark Hastings** of the **British Beer and Pub Association** discussed initiatives aimed at improving the drinking environment. This includes 'better by design' information for outlets that emphasise the importance of design including plenty of seating, the siting of loos and noise levels for example. The BBPA now have strict guidelines on responsible promotions, which all their members must adhere to. They have schemes to train servers and door staff in managing threatening situations with drunken customers or suspected underage drinkers.

The on trade environment is further improved with good enforcement of measures, which ensure the security of customers with schemes such as Pubwatch, whereby premises act together to bar antisocial customers. This together with crime and disorder partnerships with local police and councils who can work together to improve CCTV coverage, better lighting, adequate public transport and policing on the street really make a difference.

Mr Hastings drew on the figures of this summer's crackdown on drinking, showing the effectiveness of good enforcement. Out of 23,570 pubs visited just 7% were found to have served drunks or underage customers. Also of the 13,758 individual offences over the period, 70% were confiscations of bottles on the street rather than violence or disorder. Mr Hastings felt keeping the problem in proportion is an important part of the solutions as media over exaggeration of teen behaviour makes it seem the norm to the perpetrators, but also to the next generation coming through - in actuality there are only 5 injuries per 10,000 pub visitors and violent crime has reduced slightly by 3% in the last year - a small beginning in the right direction.

The 'binge drinking culture' is not restricted to Britain alone

- Binge drinking in Ireland for 15-16 year old rose to 57% in the 1990s

- 89% of 15-16 year old Danes report being drunk

- Growth of Botellon in Spain - that is street parties where wine and coke are mixed together in plastic bottles - is the main drink, is a complete antithesis to the Mediterranean culture.

Claes Fick, Senior Vice President of Corporate Affairs V&S talked of the Scandinavian experience and the monopoly culture of Sweden. Current dangers facing the country are cross border trafficking with Latvia and Estonia in particular, with black market gangs selling to any age in any quantity. Mr Fick talked of building a brand such as Absolut vodka in a strictly regulated market and that it is possible to do well.

The debate moved on to

Who's influencing attitudes to drinking?

The most important are parents.

'Respondents who drank with their parents were about half as likely to indicate that they had drunk alcohol in the last 30 days and about one-third as likely to binge drink. It appears that parents who model responsible drinking behaviours have the potential to teach their children the same.'

Source: Foley KL et al. Adults' approval and adolescents' alcohol use. Journal of Adolescent Health 2004; 35:345-6.'

Research from The Century Council, the AERC and MEAS show that parents underestimate both their influence on their children and the fact that most under eighteens drink at home or at friends houses.

Parents presume kids use fake ID's and vastly overestimated purchases in store. There is a lack of acceptance at present to accept or teach responsibility and most parents see drinking as less of a worry than under age pregnancy, drugs, anorexia or running away from home, talking about alcohol and its risks and pleasures on average just once to their children.

Fionnula Sheehan, Chief Executive of MEAS discussed their study into a Nationally representative survey of 400 12-17 year olds. The study found that adolescence more than ever is 'an awkward age' and that girls in particular enter into 'limbo' quicker. Children are hugely confident with more opportunity. Parents worry enormously about their children, with issues such as bad company, anorexia and drugs being seen as more dangerous than drinking. Most parents believe controlled exposure in the home to alcohol is 'good' and that banning alcohol would be counter productive.

The MEAS study found that parents want to 'be friends' with their kids - there has been a transit from authoritative to permissive style. On the influence of the media, kids watch TV on their own, most watch adult programmes and are immersed in the lives of celebrities and they see alcohol as central to popular culture, which was of more influence than advertising. Finally, 90% of fathers and half of mothers work (61% of 16 and 17 year olds' mothers), parents spoil their kids, but there is no relationship between maternal employment and underage drinking. 43% of 16 & 17 year olds surveyed work part time and the level of working was highest among underage drinkers (linked to disposable income).

Schools and education

'Achieving cultural or individual cultural change via the classroom is a tall order. Drinking is largely a social phenomenon and, in a young person world, is often associated with recreation, rebellion, maturity, sexuality, relationships and emotional problems. For education about alcohol to be effective, the reality of the young persons' world must be acknowledged, valued, and to some extent replicated in the classroom'

Alcohol Education Research Council

Most teenagers have a positive perception of alcohol through their family, peer and role model example, and hence alcohol education has to revolve around creating a responsible attitude to alcohol through exploring the issues relevant to the group (being sick, getting home safely, accidents, unprotected sex, long term health consequences of bingeing). Parental regulation of home drinking is also key (parties, sleep overs).

If education through schools is going to have more of an impact, the message that Responsible drinking doesn't have to mean having less of a good time has to be the key, with an emphasis that you are more likely to have a good time if you're merry rather than plastered.

CONFERENCE REPORT

Ruth Joyce, in charge of the **Blueprint Project for schools in England** reported on the Home office Pilot Project of 15 lessons for 11- 13 year olds currently running in 29 schools in Britain. The research programme is examining a multi component approach to drug and alcohol education with an emphasis on interactive material for children (such as role play), plus the involvement of parents, the community and the local media. At it's heart is 'normative behaviour' i.e. it may seem that every young person is out getting drunk at the weekends, but in fact 70% (or 3.5 million) young people in Britain are not. The project, which involves six days of teacher training, will take until 2007 to be fully assessed and for it be known if the project will be adopted nationally.

Carole Brigaudeau outlined the **Amsterdam Group's** intention to create a pan European website to work in collaboration with school programmes. It is intended that there will be material for schools as well as games and quizzes for children and sectors for parents for example. The scheme is in pilot form for the UK and Spain at present.

Emma Cook from @Bristol reported on imaginative ways of communicating with young people through their development, through the support of Allied Domecq of an interactive computer game at the @Bristol science museum. Teenagers can enter a virtual party and guess what happens to various guests after different amounts of drinks. The team is now looking at ways of taking the programme to schools in the form of CD.

Chris Searle, Executive Director of External Affairs at Bacardi Martini reported on the companies outreach to new students going to University in the South, near their office head quarters. At student Fairs, the company gives out unit information wheels and a night bus timetable for example, rather than samples. Interviews with students show they would think more about how much they drank as a result of the 'goody bag'.

Tied in with young people's education is the **Lack of adult knowledge**

Alcohol Concern claim that only 7% of men in Britain and 22% of women know what daily guidelines are and the MORI poll 2001 (whereby 1500 people were polled on alcohol on behalf of the Portman Group).) - 67% had never heard of daily benchmarks and only 15% claimed to know what they were. Similarly between 30% and 36% percent guessed correctly at the number of units in a half pint of beer or a glass of wine.

Julian Brind MW, Chair of the Wine and Spirit Retail committee reported on initiatives by the retail trade to improve knowledge for parents and consumers. Waitrose have introduced shelf barkers detailing sensible drinking guidelines and unit information and are sponsoring AIM to produce '**A Wise Drinkers Guide**', which will be available in store. Many producers including Allied Domecq and Diageo now provide unit information on drinks and incorporate sensible drinking messages in their marketing in different forms. Most recently Scottish and Newcastle, Coors and Bacardi Martini are incorporating information on their packaging.

Ms Conibear asked 'are we wasting our time and money?' Will lads (and ladettes) just be lads, is it a rite of passage and young people grow out of these damaging patterns of drinking?

Ms Conibear believes that the climate is right for change. A Poll by the Future Foundation presented at the ADmap conference in September revealed 68% of young people supported a crack down on anti-social behaviour. Half of young people have ended up in a dangerous situation through drinking according to Diageo's research into over 2000 18- 24 year olds:

- 1/3rd couldn't find way home,
- 4-10 walked home alone after drunken argument,
- 5/10 had taken a lift home or got into an uncomfortable situation with a stranger.

These issues, according to the Alcohol Education Research Centre are of particular interest to young women.

Social Norming

- 1/3 of British teenagers drink regularly to get drunk - but that means that an overwhelming majority - in spite of the acres of media coverage and headlines - not to mention the noise and mess on the streets on a Friday and Saturday night - do not.
- 3.5m in that age group are not drinking to get drunk, they are still enjoying a drink, but are not getting drunk.
- 25% of drinking occasions in the UK are to get drunk' (means 75% are not).

Delegates called for the Government to fund hard-hitting campaign on binge drinking to help change the cultural mindset. Young people cite the media and celebrities as the second most important influence on their attitudes after parents, and it was suggested that programming codes could be looked at as well as a more balanced approach from the media, whose obsession with 'the binge drinking culture' helps make it appear the norm, 90% of binge drinkers believe every young person is out 'getting plastered', when the reality is it's 39% of 18 - 24 year olds.

Ms Conibear concluded '**If the Social norms approach i.e. getting through the messages that getting plastered is a minority behaviour can be communicated well, together with an improved drinking environment (at home, on premise and in the streets) coupled with effective enforcement, a change in cultural mood can surely be effected. It's been done with drink driving, and over a period of a few years with more dialogue and joined up thinking patterns can be reversed...We are fortunate that all sectors have a common agenda to promote sensible drinking - Retail, On premise, Producer and Government. Obeying the existing laws on serving drunks and children, observing the spirit as well as the letter of the codes on advertising and marketing practices and providing information to consumers are all manageable goals. At present, best practice is patchy and not always well coordinated. We need a lot more joined-up action in the industry, just as we do with Government, and as the Forum demonstrated good foundations are being laid**'.

AIM was established in 1991 to communicate about sensible drinking and health. AIM has worldwide support from all sectors of the beverage alcohol industry.

CORPORATE SPONSORS

Allied Domecq

American Beverage Institute

American Wine Alliance for Research and Education

Anheuser Busch

The Beer Institute

Beringer Blass Wine Estates

Brown Forman

California Association of Winegrape Growers

Constellation Brands, Inc

DISCUS

Family Winemakers of California

E & J Gallo

Freixenet USA

Heitz Wine Cellars

Interbrew

Jim Beam Brands Co

Lodi-Woodbridge Winegrape Commission

Mark Anthony Group Inc

Mission Hill Family Estate

New York Wine & Grape Foundation

National Beer Wholesalers Association

Robert Mondavi Corporation

Scottish and Newcastle

Silverado Vineyards

Stag's Leap Wine Cellars

University of Alabama

Vin & Spirit, Sweden

Waitrose

CORPORATE SUBSCRIBERS

The Amsterdam Group

Beer Wine & Spirit Council of New Zealand

Brewers Association of Canada

Brewers of Europe

Coors Brewers

Danish Distillers

Deutch Wine Institut

Diageo Plc

Distell

Duckhorn Wine Company

Educ'Alcool

Grigich Hills Cellar

GODA

The Institute of Masters of Wine

Marchesi Frescobaldi

Marin Institute

Matthew Clarke Plc

Miller Brewing Co

Mitchells & Butler Leisure Retail Ltd

Remy Cointreau

Safeway Plc

Sainsbury Supermarkets Ltd

Sequoia Grove Vineyards

The South African Breweries Ltd

Swanson Vineyard & Winery

Thresher Group

Western Wines

Wine America

Wine Institute of California

Wine and Spirit Association

AIM – Alcohol in Moderation was founded in 1991 as an independent organisation whose role is to communicate ‘The Sensible Drinking Message’ and to act as a conduit for information from the industry, associations and relevant medical and scientific research, legislation, policy and campaigns.

AIM Mission Statement

- **To promote the sensible and responsible consumption of alcohol,**
- **To encourage informed debate on alcohol issues,**
- **To communicate and publicise relevant medical and scientific research in a clear and concise format via AIM Digest and the AIM Research Highlights,**
- **To publish information via the ‘AIM Gateway to Sensible Drinking and Health’ website containing a unique archive of research on moderate drinking and health – comprehensively indexed and fully searchable,**
- **To publish information to the consumer on sensible drinking and health via the ‘Drinking and You’ website based on national government guidelines with sections for the UK, USA, Canada, Spain, France Sweden and Germany,**
- **To distribute AIM Digest without charge to the media, legislators and researchers involved in alcohol affairs,**
- **To direct enquiries from the media and others towards full and accurate sources of information.**

SOCIAL, SCIENTIFIC AND MEDICAL COUNCIL

Peter Duff,
AIM Chairman

Helena Conibear,
Editorial Director

Elisabeth Holmgren,
Director US

Francois Booyse PhD,
University of Alabama

Morris Chafetz, MD,
Founder, Health Education
Foundation, Washington

Prof. R Curtis Ellison,
Boston University School of
Medicine

Harvey Finkel MD,
Boston University School of
Medicine

Tedd Goldfinger, FACC, FCCP
Desert Cardiology of Tuscon
Heart Centre, University of
Arizona

Prof. Dwight B Heath,
Anthropologist, Brown University

Prof. Oliver James, Head of
Medicine
University of Newcastle

Christopher Jarnvall,
Publisher of Alcohol Update,
Sweden

Arthur Klatsky MD,
Kaiser Permanente Medical
Center

Alfred de Lorimer MD,
Medical Friends of Wine

Dr. Philip Norrie,
GP, Wine/ Medical Historian and
Author

Ellen Mack M.D.

Prof. Jean-Marc Orgogozo,
Institut de Cerveau University
of Bordeaux

Stanton Peele PhD,
Social Policy Consultant

Dr. Erik Skovenborg,
Scandinavian Medical Alcohol
Board

Creina S. Stockley MSc MBA,
The Australian Wine Research
Institute

Dr. Thomas Stuttford,
Medcial Correspondent to the
Times and Author

Dr. Elizabeth Whelan,
President American Council on
Science and Health

Recent Findings Related to Alcohol and Heart Health from Around the Globe by Elizabeth Holmgren

Over a decade of research has revealed a developing consensus that moderate wine, beer and spirits consumption may lower the risk of coronary heart disease in most adult moderate consumers who enjoy the beverages as part of a well balanced lifestyle. It is notable that these findings have been confirmed in many different population groups around the globe. These new and ongoing results are important as they help to answer some of the remaining questions, especially with respect to the potential mechanisms behind the observed positive effects and the possible role of diet and lifestyle factors. This article summarizes some of the more recent scientific findings and conclusions from ongoing research studies, clearly demonstrating that it is still an evolving area of important research.

The INTERHEART Study:

Effect of Modifiable Risk Factors and Myocardial Infarction in 52 Countries

The investigators established a standardized case-control study of acute myocardial infarction in 52 countries, representing every populated continent. The study included 15 152 cases and 14 820 controls. The relation of smoking, history of hypertension or diabetes, waist/hip ratio, dietary patterns, physical activity, consumption of alcohol, blood apolipoproteins (Apo), and psychosocial factors to myocardial infarction were reported here. Odds ratios for the association of risk factors to myocardial infarction and their population attributable risks (PAR) were calculated. The researchers found that smoking, raised ApoB/ApoA1 ratio, history of hypertension; diabetes, abdominal obesity, psychosocial factors, daily consumption of fruits and vegetables, regular alcohol consumption, and regular physical activity were all significantly related to acute myocardial infarction. In fact, the consumption of fruits and vegetables, regular physical activity and moderate alcohol consumption were found to be related to a reduced risk. These associations were noted in men and women, old and young, and in all regions of the world. Collectively, these nine risk factors accounted for 90% of the PAR in men and 94% in women. The researchers conclude: "Abnormal lipids, smoking,

hypertension, diabetes, abdominal obesity, psychosocial factors, consumption of fruits, vegetables, and alcohol, and regular physical activity account for most of the risk of myocardial infarction worldwide in both sexes and at all ages in all regions. This finding suggests that approaches to prevention can be based on similar principles worldwide and have the potential to prevent most premature cases of myocardial infarction."

Reference: Yusuf S et al, Effect of Potentially Modifiable Risk Factors Associated with Myocardial Infarction in 52 countries (the INTERHEART study): case-control study, *The Lancet*, Vol 364, No 9438, 2004.

The US Kaiser Permanente Health Study:

A Cohort Study of Alcohol Intake and Risk of Heart Failure

Studies on the relationship of lighter alcohol intake to heart failure (HF) are very limited and therefore this new US research reveals some new important findings with respect to alcohol consumption and coronary heart disease prevention. The researchers prospectively examined risk of HF in a cohort of 128,934 persons who supplied data about alcohol intake and other traits at health examinations at 1978-85 as part of the Kaiser Permanente study. Among 2624 persons subsequently hospitalized for HF, record review established association with coronary heart disease in 1572 (CHD-HF), thus leaving 1052 HF subjects without evident CHD (NON-CHD HF). Cox models were used in the analyses which controlled for age, sex, ethnicity, education, cigarette smoking and body mass index. Alcohol was studied categorically, including < once a month, >once a month and < once a day; 1-2 drinks a day; 3+ a day as well as ex drinkers and with never drinkers as referent. There was a strong inverse relationship of moderate alcohol drinking to CHD-associated HF, but not to NON-CHD-associated HF; heavy drinking was related only to NON-CHD HF. The lowered risk of CHD-HF was similar in persons with and without baseline history of any cardiovascular problem. Furthermore, the researchers explained that the inverse relationship of alcohol drinking to CHD-

HF was consistent in subgroups, including men and women, Whites and African American from under 50 to over 70 years of age with the most significant reduction in risk among 50-59 year olds. In summary the researchers wrote, "We conclude that: 1.) Heavy, but not light, alcohol drinking is associated with increased risk of NON-CHD HF, 2.) Alcohol Drinking is associated with lower risk of of CHD-HF. This disparity provides confirmation of a protective effect of alcohol drinking against CHD."

Reference: Klatsky A L et al, A Cohort Study of Alcohol Intake and Risk of Heart Failure, American Heart Association Meeting Abstract 04-SS-A-8159-AHA, November 8, 2004.

US Study from Western New York: Relationship of Alcohol Drinking Pattern to Risk of Hypertension

While many epidemiological studies have demonstrated a positive relationship between heavy alcohol use and hypertension only a few have directly addressed the role of drinking pattern. This study is unique in that it was designed to investigate the association of current alcohol consumption and aspects of drinking pattern with hypertension risk in a sample of 2609 white men and women from western New York. They aged 35 to 80 years and were free from other cardiovascular diseases. Hypertension was defined by systolic blood pressure 140 mm Hg or diastolic blood pressure 90 mm Hg or use of antihypertensive medication. Compared with lifetime abstainers, participants reporting drinking on a daily basis or mostly without food exhibited significantly higher risk of hypertension. When the analyses were restricted to current drinkers, daily drinkers and participants consuming alcohol without food exhibited a significantly higher risk of hypertension compared with those drinking less than weekly and those drinking mostly with food. For major beverage preference, no steady association with hypertension risk was found across the various types of beverages considered which included wine, beer and spirits. Specifically, the investigators summarized, "In conclusion, drinking outside meals appears to have a significant effect on hypertension risk independent of the amount of alcohol consumed."

Reference: Stranges S et al, Relationship of alcohol drinking pattern to risk of hypertension. A population-based Study, Hypertension, October 2004 (on line publication)

The PRIME Study:

Differential Effects of Alcohol Consumption and Cardiovascular Disease in France & Ireland

This study is significant as the effects of wine and other alcoholic beverages on coronary heart disease have rarely been studied in several countries using a common methodology. In fact, this five-year prospective study was conducted among close to 10000 men with two thirds of them from Italy and one third of them from Northern Ireland who at entry of the study did not show any signs of coronary heart disease. The investigators looked at alcohol consumption and the outcomes of angina pectoris, myocardial infarction or CHD death. Overall, 90% of subjects in France reported drinking at least once per week while this was only reported among 61% of the students in Northern Ireland. In France, after adjusting for other CHD risk factors, subjects in the highest quartile of alcohol consumption had a significantly lower risk of developing angina pectoris relative to non-drinkers. For myocardial infarction and all CHD events, the risk also decreased from the first to the fourth quartile of drinking levels. On the other hand, in Northern Ireland, no significant relationship was found between alcohol consumption and the incidence of angina pectoris or all CHD events, although alcohol consumption appeared to decrease the risk for myocardial infarction. Similar findings were obtained when the 5% of "higher" alcohol consumers were excluded from the analysis. Lastly, splitting the alcohol consumption into wine, beer and spirits did not improve the relationships. In fact, the three types of beverage exerting comparable effects on CHD events. The investigators concluded, "Alcohol consumption patterns exert differential effects on CHD risk in middle-aged men from France and Northern Ireland. Further, the amount of alcohol consumption, rather than the type of alcoholic beverage, is related to both angina pectoris and myocardial infarction in France, whereas no relationship was found in Northern Ireland."

Reference: Marques-Vidal P et al, Alcohol consumption and cardiovascular disease: Differential effects in France and Northern Ireland. The PRIME study, *European Journal of Cardiovascular Prevention and Rehabilitation*, Vol 11, No 4, 2004, pp336-343

A Study from Milan, Italy:

Alcohol Consumption with or without Meals and Acute Myocardial Infarction

The investigators undertook this study to determine whether the apparent favorable effect of alcohol on the risk of acute myocardial infarction (MI) may be related to its hypoinsulinemic effect when consumed with meals. They studied how the timing of alcohol consumption in relation to meals might affect the risk of MI in an Italian population with relatively high regular alcohol consumption. Specifically, they conducted a case-control study between 1995 and 1999 in Milan, Italy. Cases were 507 subjects with a first episode of nonfatal acute MI, and controls were 478 patients admitted to hospitals for other acute diseases. The researchers found that compared to nondrinkers, an inverse trend in risk was observed when alcohol was consumed during meals only (for ≥ 3 drinks per day). However, no consistent trend in risk was found for subjects drinking outside of meals (for ≥ 3 drinks per day). They further explained that the pattern of risk was similar when they considered people who drank only wine and concluded, "Alcohol drinking during meals was inversely related with risk of acute MI, whereas alcohol drinking outside meals only was unrelated to risk."

Reference: Augustin LS et al, Alcohol consumption and acute myocardial infarction: a benefit of alcohol consumed with meals?, *Epidemiology*, Vol 15, No 6, 2004, pp767-769

The Auckland Region Coronary Study:

Alcohol Consumption and Burden of Coronary Heart Disease in New Zealanders

This population-based case-control study was conducted to quantify the effect of alcohol consumption on risk of coronary heart disease (CHD) and to estimate the contribution of alcohol to the burden of coronary heart disease mortality and morbidity in New Zealand. The study included 1381 cases of acute fatal or non-

fatal hospitalized myocardial infarction or coronary heart disease death, and 1892 controls. Compared to non-drinking men, the coronary heart disease risk in men reporting that they regularly drank alcohol more than once per month was approximately halved. For women, the coronary risk in regular drinkers was approximately one-third lower than in non-drinkers, although the protective association appeared to be stronger among light-to-moderate drinkers. It was estimated that if all non-drinkers and those drinking less than once per month had the same coronary disease risk as regular drinkers, there would be approximately 15% fewer coronary disease events in men and 21% fewer events in women aged 35-74 years in Auckland. Conversely, if regular drinkers had the same risk as non-regular drinkers, there would be 50% more events in men and 16% more events in women. The investigators concluded, "Middle-aged and older people who regularly drink alcohol (more than once per month) have a significantly lower risk of coronary heart disease than non-drinkers. The magnitude of the attribute able risks calculated here suggests that light drinking could have a substantial beneficial effect on coronary disease rates in this age group in New Zealand."

Reference: Wells Set al, Alcohol Consumption and its Contribution to the Burden of Coronary Heart Disease in Middle-Aged and Older New Zealanders: A Population-Based Case-Control Study", *New Zealand Medical Journal*, Vol 117, No 1190, 2004.

The Stockholm Female Coronary Risk Angiographic Study:

Alcohol Consumption and Coronary Atherosclerosis Progression

This study assessed the association of alcohol intake with progression of coronary atherosclerosis. It is explained that no beverage type appeared to confer particular benefit and that the benefits were not observed among light drinkers, who consumed fewer than 5g / day. This study is significant as the area of alcohol and progression of atherosclerosis is not as well studied as research that has shown that moderate consumption reduces the development of coronary heart disease. . The study concluded, "Among middle-aged women with coronary heart disease, moderate alcohol consumption (over 5g/

day) was protective of coronary atherosclerosis progression.”

Reference: Janszky I et al, “Alcohol Consumption and Coronary Atherosclerosis Progression: the Stockholm Female Coronary Risk Angiographic Study”, *Atherosclerosis*, Vol 176, No 2, 2004.

The Helsinki Sudden Death Study:

Alcohol and HDL-Associated Anti-Atherogenic Enzyme

Research has revealed that high-density lipoprotein (HDL) level is inversely correlated with coronary heart disease and that alcohol increases levels of HDL and thereby lowers the risk for coronary heart disease. This investigation looked at alcohol's effects on Paraoxonase-1 (PON1) which is an HDL-associated anti-atherogenic enzyme. The activity of PON1 is increased during regular moderate alcohol consumption, consistent with elevated HDL cholesterol concentration. The researchers related the PON1 M55L genotypes to the extent of atherosclerosis in the left anterior descending coronary artery (LAD) in alcohol abstainers (0-1 g of alcohol/day), moderate consumers (1-36 g of alcohol/day) and heavier drinkers (> 36 g of alcohol/day). The study subjects who carried the PON1 M55, compared to the so called LL homozygote allele, tended to

have larger areas of atherosclerotic lesions including complicated plaques, the size of which decreased dose dependently by reported alcohol consumption. The researchers concluded, “The areas of atherosclerotic lesions in LAD appear to be dependent on the amount of alcohol consumption, especially in men carrying the PON1 M55 allele.”

Reference: Rontu R et al, “Association of Paraoxonase-1 M55L Genotype and Alcohol Consumption with Coronary Atherosclerosis: The Helsinki Sudden Death Study”, *Pharmacokinetics*, Vol 14, No 8, 2004.

The Danish Diet, Cancer, and Health Study:

Alcohol May Raise Risk of Irregular Heartbeat

Contrary to many previous findings, this new large Danish study prospective cohort study found that moderate to heavy drinking may lead to atrial fibrillation. Specifically the study found that drinking alcohol on a regular basis may slightly raise men's risk of developing a type of irregular heartbeat known as atrial fibrillation or atrial flutter. Researchers found men who drank moderate or heavy amounts of alcohol were about 40% more likely to develop atrial fibrillation compared with those who drank the least. Atrial fibrillation is the most common

form of irregular heartbeat. The condition causes the heart to pump blood less efficiently, allowing blood to pool within its chambers and increasing the risk of heart attack, stroke, and heart failure. In the study, researchers followed nearly 50,000 middle-aged adults who participated in the Danish Diet, Cancer, and Health study from 1993 to 1997. During about five years of follow-up, 556 of the participants developed atrial fibrillation. The study showed that the risk of atrial fibrillation rose slightly as the amount of alcohol drunk increased among men but not among women. Compared with men who drank the least amount of alcohol, men who drank more than two drinks per day had a 24%-46% increased risk of developing atrial fibrillation. Women who drank no more than one drink per day did not emerge to significantly increase the risk of atrial fibrillation. The authors concluded, “Consumption of alcohol was associated with an increased risk of atrial fibrillation or flutter in men. In women, moderate consumption of alcohol did not seem to be associated with risk of atrial fibrillation or flutter.”

Elizabeth Holmgren is AIM's Director of US Operations

Reference: Frost L et al, Alcohol and Risk of Atrial Fibrillation or Flutter, *Arch Intern Med*. Oct 11, 2004 or visit <http://archinte.ama-assn.org/cgi/content/short/164/18/1993>

The American Beverage Institute: Defending Responsible Adults

Interview with John Doyle, Executive Director, American Beverage Institute, Washington D.C.



“The time-honored social custom of having a drink with dinner at a restaurant and then driving home is being targeted by prohibitionists like MADD, who are working tirelessly to outlaw it. The hospitality industry must unite in defense of our responsible customers, or they will succeed.”

“There are no safety data that justify the zero-tolerance crusade of the neo-prohibitionists. They are driven by an extreme ideology.”

What is the American Beverage Institute?

The American Beverage Institute (ABI) is a restaurant trade association that represents America's favorite restaurant chains. Our mission is to promote the responsible on-premise consumption of adult beverages. We do that by defending the millions of adults who drink responsibly before driving safely home and by helping on-premise retailers, suppliers, and allied businesses across America

contend with threats and disinformation campaigns designed to intimidate their customers.

How does ABI represent its members?

The ABI exists to defend the rights of millions of responsible adults who choose to have a beer, a glass of wine or a cocktail in a restaurant, or anywhere else they must drive from. We promote responsible beverage service and responsible beverage consumption. And we relentlessly promote proven-effective anti-drunk driving strategies that target the true source of the drunk driving problem – alcohol abusers.

We are known for our willingness to engage in debates with neo-prohibitionists that other organizations are reluctant to partake in. And because ABI fights with facts and common sense, we are also well known for changing the debate. Since 1991, we have been successfully exposing and vigorously countering the modern-day prohibitionist campaigns that target responsible adults in an effort to reduce per capita consumption of adult beverages.

ABI also sponsors unbiased studies by university researchers and traffic safety experts to inform the debate on adult beverages, responsible consumption, and drunk driving. We use this research to develop educational materials for people involved in the hospitality industry – from supplier company executives to managers of individual restaurants. These educational efforts keep members current on the issues confronting their industry and provide them with the context they need to make informed decisions.

We promote our message through media campaigns, our cutting-edge research and communications programs are dedicated to demonstrating that the tens of millions of adults who enjoy an adult beverage away from their homes are responsible, law-abiding Americans.

We are vocal in our defense of our customers. We are relentless in our support of responsible consumption – and of the time-honored custom of dining out with friends.

How has the war on drunk driving changed?

Over the course of two decades, America's restaurants and tavern owners have worked hand in hand with safety advocates to reduce the very real problem of drunk driving. Responsible adults know that if they cannot drive safely for any reason, they should not get behind the wheel.

But some anti-alcohol activists are now seeking to redefine drunk driving to include virtually all social drinkers. The shift from the commonsense "Don't drive drunk" message to the similar-sounding but entirely different "Don't drink and drive" slogan reflects this change of agenda.

Even the federal government's National Highway Traffic Safety Administration (NHTSA) targets moderate social drinkers through its "You Drink & Drive. You Lose." campaign. The name itself is intentionally designed to intimidate people who would dare consider having a beer at the ball game, a glass of wine with dinner, or a cocktail out with friends before driving home. This message has no foundation in law, as it is legal to drink responsibly before driving in all 50 states.

Where anti-alcohol activists once focused on intoxicated drivers, today groups like Mothers Against Drunk Driving (MADD) are going after any drinking prior to driving regardless of how safe, legal, and responsible. Even MADD's founder, Candace Lightner, thinks the group has gone too far, saying, "It has become far more neo-prohibitionist than I had ever wanted or envisioned." MADD's ultimate goal? Eliminating all on-premise consumption before driving. This was spelled out in a recent MADD fundraising letter: "...[F]orget the limits on BAC. It's just not acceptable to drink and drive. Period."

What are the threats to responsible consumption?

Anti-alcohol groups are spending tens of millions of dollars to convince the public that responsible adults do not drink beer, wine, or spirits at restaurants or in any situation prior to driving.

These neo-prohibitionists are backing up their PR campaign with a nationwide roadblock campaign. Despite having committed no crime, responsible adults are being stopped at roadblocks, yanked out of their cars, and arrested for "drinking and driving." These highly publicized roadblocks are part of a calculated scare campaign designed to get people to "drink less." They are not designed to catch and arrest drunk drivers.

MADD has taken a particularly aggressive stance against responsible adult beverage consumption in recent years. MADD's president, Wendy Hamilton, was recently the keynote speaker at a national conference advocating the more widespread use of ignition interlocks. These breathalyzer-

type devices prevent vehicles from starting if the driver's blood alcohol content is beyond a pre-set limit, usually well below the actually legal limit. To use the interlock, drivers must blow into a plastic tube for as long as six seconds to prove their sobriety and continually retest while driving.

MADD has also launched a new campaign to require that all separation agreements and divorce decrees contain a provision "that prohibits either parent from drinking and driving ... with minor children in the vehicle." The penalty for doing so, according to MADD, should include driver's license suspension, change of primary custody of the children, incarceration, or termination of parental rights for violation of the terms of the divorce decree.

What needs to be done to promote responsible consumption?

The hospitality industry needs to take an active role in defending defend its customers' right to drink responsibly in both language and in action. One excellent way to do that is through the "Drink Responsibly. Drive Responsibly." message, which recognizes that millions of Americans responsibly consume adult beverages in restaurants, taverns, or at their friends' houses before safely driving home – and encourages them to drink responsibly and drive responsibly.

We also need to be aggressive and vocal in advocating anti-drunk driving campaigns that work. The war against responsible consumption does not focus on the real drunk driving problem – the hardcore of repeat offenders. Even though every state has now lowered its BAC threshold to 0.08%, NHTSA's own figures show that the average BAC of a driver in a fatal crash is still 0.16%. That's twice the legal limit. Clearly, lowering the BAC laws hasn't done anything to deter drunk drivers.

Responsible people understand that driving while intoxicated is dangerous. It's that small group of alcohol abusers who are causing most of the fatalities that we should be targeting - and we can't do that if we're spending our scarce resources trying to punish responsible adults.

WHO's Hijacking Responsible Drinking?

report by Helena Conibear

WHO Recommendations

'With the wealth of scientific evidence currently available, decision-makers are now better placed to make informed public policy choices. The following basic conclusions can be drawn from a review of the research (Klingemann, Holder & Gutzwiller, 1993, Holder & Edwards, 1995, Babor, 2002, Ludbrook et al., 2002): alcohol problems are highly correlated with per capita consumption and reductions in per capita consumption produce decreases in alcohol problems;

- the greatest amount of evidence with regard to public policy has been accumulated on the price-sensitivity of alcoholic beverage sales, suggesting that alcoholic beverage demand is responsive to price movements, so that as price increases, demand declines and vice versa;

- Heavy drinkers have been shown to be affected by policy measures, including price, availability and alcohol regulation;

- Alcohol policies that affect drinking patterns by limiting access and discouraging drinking under the legal purchasing age are likely to reduce the harm linked to specific drinking patterns;

- Individual approaches to prevention (e.g. school-based prevention programs) are shown to have a much smaller effect on drinking patterns and problems than do population-based approaches that affect the drinking environment and the availability of alcoholic beverages;

- Legislative interventions to reduce permitted blood alcohol levels for drivers, to raise the legal drinking age and to control outlet density have been effective in lowering alcohol-related problems.

Overall, one could suggest several components to a comprehensive licensing system, such as the requirement of a substantial fee to be paid (which could be used to fund treatment, prevention or policy activities), that licences are not granted automatically, that licences are effectively enforced, that sanctions can be used for violations such as selling alcoholic beverages to underage or clearly intoxicated people, and also that the licensing system is used for limiting the density of licensed outlets.'

Global Report on Alcohol

The Global Status Report on Alcohol Policy published by WHO earlier this year offers 217 pages of statistics and research on alcohol and society as well as recommendations for policy implementation by the 51 countries who have signed the charter.

WHO has reaffirmed its policy of seeking to reduce overall consumption of alcohol by individuals throughout the world in adherence to the so called Ledermann theory, whereby if you reduce overall consumption, the misuse of alcohol will automatically be reduced. This is in contrast to the focus by most working in alcohol affairs who seek to address misuse by targeting the well known problem areas such as drink driving, under age-drinking and binge drinking together with its anti-social 'side effects' of violence and disorder, not to mention the long term health consequences.

The justification by WHO in targeting alcohol consumption per se is that it has estimated that there are about 2 billion people worldwide consuming alcoholic beverages and 76.3 million with diagnosed alcohol use disorders.

It claims that globally, alcohol consumption causes 3.2% of deaths (1.8 million) and states that there are causal relationships between alcohol consumption and more than 60 types of disease and injury. It cites alcohol consumption as the leading risk factor for disease burden in low mortality developing countries, and the third largest risk factor in developed countries. WHO's figures cite that in Europe alone, alcohol consumption was responsible for over 55 000 deaths among young people aged 15 to 29 years in 1999 (Rehm & Gmel, 2002).

Worryingly, WHO takes its arguments for per capita reduction in consumption further, arguing, in fact, that responsible drinking does not exist.

'Light and moderate drinkers, i.e. the majority of the population in many countries, who occasionally drink at high risk levels, while being individually responsible for fewer harms than heavy drinkers, are collectively responsible, due to their greater numbers, for the largest share of alcohol's burden on society'

WHO categorically states as an aim that 'by 2015' per capita consumption should

not increase or exceed 6 litres per annum (this requires Britain, Ireland, France and Germany to cut their consumption by approximately half). France's Health Ministry has already committed itself to reducing per capita consumption by 20% by 2008 with a 500 million Euro budget granted to MILDT to help effect this. More recently, the Strategic Task Force on Alcohol Report for the Republic of Ireland, driven by the Department of Health and Children, and drawing largely on the WHO report, has called for a reduction in outlets, a rise in taxes as well as a lowering of BAC levels as measures to tackle misuse.

Eurocare reinforces WHO's findings stating that 'There is a direct link between per capita consumption levels and alcohol related harm'. The suggested means of reducing consumption by both WHO and EURO CARE include the following:

- The use of road blocks and random breath testing

- Higher taxes on alcohol ..' taxes on alcoholic beverages should be placed high on a list of possible policy measures as they are effective, cost-effective, easy to implement, and can generate government revenue and reduce both consumption and harm... Ideally, countries should implement a tax and price level which is high enough to reduce consumption and harm while not being so high as to increase illegal production, smuggling and cross-border trade'.

- Lower BAC levels (.5 or below)

- A higher minimum drinking age

- Increased restriction on alcohol sales

- Reduced number of outlets of sale

- Restrictions on advertising

WHO accept that much of the research on the impact of alcohol advertising is not conclusive, but claims that increasing evidence can be found that exposure shapes positive perceptions of drinking and can increase heavier drinking. **'Therefore, it seems that restrictions on advertising and sponsorship should be part of a**

comprehensive alcohol policy, especially when it is targeted at young people’.

The National Academy of Sciences in the US echoes calls for the above measures in the US, plus an independent fund to be financed by a contribution of 0.5% of gross revenue by beverage alcohol companies (\$250 - \$500 million according to the ABI).

The Drink Drive Debate

The record on drink driving

The blanket approach on drink driving, whereby a policy is suggested by WHO and EUROCARE that a global BAC level should be established of .5mg/ml (Eurocare recommend .2mg/ml) does not take account of existing example and experience:

The US and UK could well claim to be victims of their own success. After two decades of reducing drink drive crashes and fatalities, figures have stabilized and increased by a few percent over the last two years (the US fatality rate has stagnated for several years before its slight drop in 2003. The UK collision figures are now down again by 4.17%). The UK with a relatively high BAC level of .8mg/ml has the best record amongst the OECD countries (see table) per billion km travelled, whereas France with a BAC level of .5 has one of the worst.

The decline in drink drive fatalities are not solely due to a change in attitude to drink driving, although this is significant, but are also partly due to investments and improvements in road safety measures. In the words of the Vermont Alcohol Research Center, ‘Investment and improvements are widely understood to have contributed significantly in the past several decades to the decline in the number of fatal and serious injury crashes involving impaired driving among developed countries.’ The center found that these measures include seat belt legislation, better-engineered roadways, installation of air bags in new motor vehicles, and strong enforcement of driving laws. The Centre also finds a

lack of comprehensive and consistent data collection between countries hinders their research efforts. They state ‘Despite the fact that only 10% of the world’s road fatalities occur in high-income countries, there appear to be compelling disparities in road fatality rates within these developed countries. Of all the factors influencing the probability of a road crash, exposure to risk is most dependent on a country’s general economic status and its ability to afford safety measures. Crash occurrence, another factor, is tied to excessive speed, drinking and driving, unsafe vehicles, poor road design, and lack of effective law enforcement and / or traffic regulations. Understanding the quantity and the character of the problem is critical for policymakers in identifying, implementing, and evaluating effective intervention efforts, and yet it is in exactly this arena of data collection that the disparities among developed countries exist.’

The National Highway Traffic Safety Administration (NHTSA) in the US has

found that 65% of all alcohol-related highway deaths involve drivers with a BAC of .15 or higher and that nearly one-third of drivers arrested or convicted of drunk driving each year are repeat offenders, and as many as 75% of those who lose their license for driving drunk continue to drive on a suspended license. These repeat offences of the hard core drink drivers are echoed in the UK and Canada.

It is argued, in the words of Dr. Jeffrey Runge, Administrator of NHTSA “that the educable have been educated, and that’s why we saw the rapid drop off in the numbers. What we’re dealing with now is a very different population of impaired drivers... by far and away, the larger majority of (these) drivers are those who have alcohol use disorders.” This is re-enforced by Herb Simpson, President and CEO of the Traffic Injury Research Foundation who states: “I think we’ve been very effective in convincing the average citizen, the more socially responsible individual, that this [drunk driving] is unacceptable behaviour, and

Table 1 Adjusted capita GDP, compared to road fatality rates

Comparative ranking in per capita GDP (out of 24)	Per capita GDP/PPP in US\$	Country	Killed per 1 billion vehicle-kilometers, all roads	Road fatality ranking
1	36,300	USA	9.4 (2001)	10
2	31,800	Norway	8.3 (2001)	2
3	31,700	Switzerland	8.4 (2002)	4
4	29,400	Canada	9.0 (2001)	5
5	29,000	Denmark	9.2 (2001)	6
	29,000	Belgium	16.3 (2001)	18
7	28,500	Ireland	10.9 (2001)	11
8	28,000	Japan	12.7 (2001)	15
9	27,700	Austria	12.3 (2002)	13
10	27,100	Iceland	16.0 (2000)	17
11	27,000	Australia	9.0 (2002)	8
12	26,900	Netherlands	8.5 (2002)	6
13	26,600	Germany	11.1 (2002)	12
14	26,200	Finland	8.5 (2000)	4
15	25,700	France	13.6 (2002)	16
16	25,400	Sweden	8.3 (1999)	2
17	25,300	UK	7.5 (1998)	1
18	19,500	New Zealand	12.4 (2000)	14
19	19,400	Republic of Korea	22.8 (2002)	20
20	19,000	Greece	26.7 (1998)	21
21	18,000	Slovenia	21.7 (2002)	19
22	15,300	Czech Republic	33.1 (2002)	22
23	12,200	Slovak Republic	46.9 (2000)	23
24	7,000	Turkey	73.0 (2001)	24

I think that's reflected in the statistics. What we're left with, more and more, is a group of individuals who don't give a tinker's damn about those messages."

Ironically, the National Highway Traffic Safety Administration (NHTSA) and groups such as Mothers Against Drunk Driving (MADD) have used an increase in drunk driving fatalities by repeat offenders as a justification for a major campaign against responsible adults and on-premise consumption. They have increased their calls for zero-tolerance laws and roadblocks which target responsible social drinkers, hoping to scare people into not driving after drinking- even when they are well within the legal limits. However, when national BAC limits are considered, no clear relationship between them and road fatality rates is found (Table 2). The lack of a clear relationship between road fatalities and BAC limits shown in Table 2 is further reinforced by the data for countries with the highest reported rates

of road fatalities (Table 3). Some of these countries even have zero tolerance laws for alcohol in drivers, and yet suffer high fatality rates. It is unfortunate that comparison data in these countries with the higher fatality rates are not available on the types of roadways, enforcement rate of their driving laws, their traffic mix (numbers of cars, trucks, bicycles, etc.), and their fatality mix (numbers of drivers, passengers, pedestrians, bicyclists, etc.).

The recent reduction in the US from .10% to .08% BAC- has not reduced drunk driving deaths as envisaged.

Various sources are quoted below listing the effect of the .08 law in the US:

"primarily limited to individuals who generally restrict their alcohol consumption before driving anyway." California Department of Motor Vehicles

"None of the fatal accident series produced any evidence of a decrease associated with the 0.08% legislation." California Department of Motor

Vehicles

"The conclusion that 500 to 600 fewer fatal crashes would occur annually if all states had .08 BAC laws is unfounded." United States General Accounting Office

The .08 mandate has split the highway traffic safety community and others committed to reducing the drunk driving problem. This rift widened when NHTSA (perhaps in reaction to the dismal results generated by .08) sought further sanctions against responsible adults in the form of nationwide roadblock campaigns- campaigns that they acknowledge are specifically designed to frighten responsible adults, not to catch drunk drivers.

"While a lot of attention is paid to the serious problems of repeat offenders, we don't want to overlook the casual drinker. If you choose to drink you should never drive. We will not tolerate drinking and driving-period." Karolyn Nunnallee, former president of MADD

"Saturation patrols maximize the efficiency and effectiveness of routine patrols as a means of identifying impaired drivers by having a number of patrol units concentrate their impaired driving enforcement efforts in a specific geographic area. Saturation patrols might also be viewed as a roving, mobile spot check. These roving patrols are difficult to avoid, and the drivers arrested are most likely to be those at highest risk of crash involvement. Saturation patrols combine the desirable features of spot checks and routine patrols to create an efficient means of identifying the highest risk group of impaired drivers - DWI repeat offenders." Health Canada, "DWI Repeat Offenders: A Review and Synthesis of the Literature"

"The number of DWI arrests made by the roving patrol program was nearly three times the average number of DWIs made by the checkpoint programs." NHTSA, "Experimental Evaluation of Sobriety Checkpoints"

As with targetting misuse of the consumption of alcohol (binge drinking, underage drinking and dependence), the most important debate and policy focus re drink driving should centre more on how to deal with persistent drink drivers, as well as effective enforcement of existing laws if today's drunk driving problems are to be reduced in developed countries.

Table 2 Lowest rate of road fatalities, in rank order, among selected OECD countries (20-day period), with corresponding BAC limits

Rank	Country	Killed per 1 billion vehicle -kilometers, all roads	BAC limit (grams. DL)
1	UK	7.5 (1998)	0.08
2	Norway	8.3 (2001)	0.02
	Sweden	8.3 (1999)	0.02
3	Switzerland	8.4 (2002)	0.08
4	Finland	8.5 (2002)	0.05
	Netherlands	8.5 (2000)	0.05
5	Canada	9.0 (2001)	0.08
	Australia	9.0 (2002)	0.05

Table 3 Highest rate of road fatalities, in rank order, among selected OECD countries (20-day period), with corresponding BAC limits

Rank	Country	Killed per 1 billion vehicle -kilometers, all roads	BAC limit (grams. DL)
24	Turkey	73.0 (2001)	0.05
23	Slovak Republic	46.9 (2000)	0.00
22	Czech Republic	33.1 (2002)	0.00
21	Greece	26.7 (1998)	0.05
20	Reoublic of Korea	22.8 (2002)	0.05

Reasonable Risk Alcohol Perspective

by Marjana Martinic and Barbara Leigh

Reasonable Risk is written by Marjana Martinic and Barbara Leigh. It examines the aura of risk surrounding alcohol consumption. Alcohol has been an integral part of many cultures around the world for thousands of years, with most people drinking because they enjoy it. For some alcohol can provide benefit within a healthy lifestyle. However, for others alcohol consumption can represent considerable risk to health and well being.

The risks inherent in drinking are in many ways no different from other risks that we encounter across many activities, but how the inherent riskiness of drinking is viewed varies considerably depending on the individual, groups and national cultures. Finding the appropriate niche for alcohol in the panopoly of risks is a complicated and challenging task.

The authors of the book explore perceptions of risk and how we assess and manage risks, especially those related to alcohol, as well as how these risks are communicated to the public and addressed by policy.

Chapter one deals with perceptions of risk. In our modern world, risks and

judgements about risk present a paradox: Although people today are generally healthier and safer than ever before, they feel more vulnerable and more concerned about risk, much of this arising from new technologies and environmental hazards. Culture is one of the most significant influence in how we view risk in lifestyle choices. This includes the consumption of alcohol.

Chapter two goes on to examine components of culture that influence the construction of risk, ways to maintain boundaries and minimise potential harm, as well as examining the place of alcohol within society and our shifting perspective on its intrinsic risk.

Chapter three offers an overview of what is involved in interpreting studies on risk and what the results and related scientific jargon mean, whilst chapter four examines how we strive to make sense of the risk information we have been given, looking at those communicating risk information, the role they play and qualifications that allow them to assume this role.

Chapter five explores how we weigh the equation and whether the outcomes of

drinking are acceptable to us as individuals and to society as a whole. The final chapter focuses on how alcohol policies are developed within the context of individual and societal responsibility and the entities that are involved in the formation of these policies. It examines the role of those involved in policy development, including government, non governmental organisations, the private sector and society in general.

The book seeks to offer the educated “layman” a clear and comprehensible explanation of the elements that contribute to how we view risks in general, particularly those associated with alcohol consumption. The risk that we face have a hierarchy. Some are life threatening whilst other are an inconvenience. If we are to understand the risks that confront us and manage them effectively, it is important that we understand where they fit into the overall order of things, and why they concern us in the way they do.

Reasonable Risk, Alcohol in perspective by Marjana Martinic and Barbara Leigh is an ICAP publication, published by Taylor and Francis, contact www.brunner-routledge.com or www.brunner-routledge.co.uk

Portman Group - Unit Labelling Guidelines



The Portman Group has drawn up new guidelines for the labelling of alcohol unit. The move is in response to the Government's Alcohol Harm Reduction Strategy, issued earlier this year.

The Portman groups voluntary code include the following guidelines:

- The number of units should be calculated for the whole container rather than for a typical serving, and In the case of a re-sealable, multi-serve container,

the number of units per typical serving may additionally be displayed if desired.

- The typical serving for wine (up to alcohol 15%vol) should be taken as 175ml and the typical serving for spirits or liqueurs should be taken as 25ml.

- The number of units should normally be rounded to one decimal place. For example, 1.42 units becomes 1.4 and 2.65 units becomes 2.7.

- The number of units should be stated with the suffix “Units” or “UK Units” and displayed within an appropriate icon
- If the number of units in a typical serving has additionally been displayed , the size of the typical serving should be stated (i.e. either 175ml or 25ml).

- The icon should be of sufficient size that the text within is easily legible.

- No other writing or visual should be used in conjunction with the unit information. In particular, there should be no attempt to make the unit alcohol content into a reason why consumers should prefer the product.

- On the outer packaging of retailed multi-packs, the individual container icon should be displayed, followed (or prefixed) by an indication of the number of containers within the pack.

The industry-wide group has introduced the measure in a bid to iron out current inconsistencies in the labelling of units, while the Government has warned that the industry could face legislation if it fails to display unit information and advice about responsible drinking on packaging.

ORGANISATIONS

UNITED KINGDOM

Alcohol Concern

Waterbridge House, 32-36 Loman Street, London SE1
OETel: (0207) 928 7377 Fax: (0207) 928 4644
website www.alcoholconcern.org.uk

Alcohol Education And Research Council

Abell House, John Islip Street, London SW1P 4LH
Tel: (0207) 217 5276

Health Education Authority

Hamilton House, Mabledon Place, London WC1 9TX
Tel: (020) 72985656 Fax: (020) 77259031
email: enquiries@hpe.org.uk
website: www.hpe.org.uk and www.wrecked.co.uk

The Medical Council on Alcoholism

3 St. Andrew's Place, London, NW1 4LB
Tel: (0207) 487 4445 Fax: (0207) 9354479

The Portman Group

7-10 Chandos Street, Cavendish Square, London W1G 9DQ
Tel: 020 7907 3700 Fax: 020 7907 3710
website: www.portman-group.org.uk

Alcohol Focus Scotland

2nd Floor 166 Buchanan Street, Glasgow G1 2NH
Tel: 0141-572 6700 Fax: 041-333 1606

British Beer and Pub Association

Market Towers, 1, Nine Elms Lane, London, SW8 5NQ
Tel: 020 7627 9191 Fax: 020 7627 9123
email: jwitheridge@beerandpub.com
website www.beerandpub.com

The Wine & Spirit Association

Five Kings House, 1 Queen Street Place,
London EC4R 1XX Tel: 020 7248 5377
Fax: 020 7489 0322 e-mail: wsa@wsa.org.uk
Website: www.wsa.org.uk

Brewers of Europe

Rue Caroly 23-25, B-1060 Bruxelles Tel: (+32.2) 672
23 92 Fax: (+32.2) 660 94 02
email: info@brewersofEurope.org
website: www.brewersofEurope.org

Forum of Taste and Education

Livornostraat 13 b 5 rue de Livourne - Brussel 1050
Bruxelles, Belgium
Tel: 32 2 539 36 64 Fax: 32 2 537 81 56
email: forum.taste.education@skynet.be
website www.forum-taste-education.com

Enterprise et Prevention

13, Rue Monsigny, 75002 Paris, France
Tel: 00-33-53-43-80-75
email: enterprise@wanadoo.fr
website: www.soifdevivre.com

IREB

19, avenue Trudaine, 75009 Paris
Tel: +33 (1) 48 74 82 19 Fax: +33 (1) 48 78 17 56
email: ireb@ireb.com website: www.ireb.com

OIV

18 rue d'Aguesseau, 75008 Paris, France
Tel: +33 (0) 1 44 94 80 94 Fax: +33 (0) 1 42 66 90 63
email: oiv@oiv.int website: www.oiv.int

STIVA

Benoordenhoutseweg 22-23, 2596 BA, The Hague, The
Netherlands
Tel: +31 (0)70 314 2480 Fax: +31(0) 70 314 24 81
email: Hanneke.Heeres@STIVA.nl
website: www.stiva.nl

Fundacion Alcohol Y Sociedad

Diego de Leon 44,2 ES 28006 Madrid
Tel: + 34 91 745 08 44 Fax: + 34 91 561 8955
website: www.alcoholysociedad.org

Scandinavian Medical Alcohol Board

Vandværksvej 11 DK - 5690 Tommerup
Tel: 45 64 75 22 84 Fax: 45 64 75 28 44
email: smab@org
website: www.smab.org

EUROPE

Deutsche Wein Akademie GMBH

Gutenbergplatz 3-5, 55116 Mainz
Tel. 49-2641-9065801 (home office)
49-6131-282948 (head office) Fax: 49-2641-203667
email: fradera@deutscheweinakademie.de
website: www.deutscheweinakademie.de

FIVIN

Plaza Penedés, 3, 3.08720 Vilafranca del Penedés,
Barcelona, Spain
Tel: 0034 (93) 890 45 45
Fax: 0034 (93) 890 46 11

GODA

Gode Alkoholdninger, Kattesundet 9, DK-1458
København K, Denmark Tel: 33 13 93 83 Fax: 33 13 03
84 email: info@goda.dk
website: www.goda.dk

FIVS International Federation of Wines & Spirits

18, rue d'Aguesseau, F-75008 - PARIS France
Tél. 33 01 42 68 82 48 Fax 33 01 40 06 06 98
email: fivs.ass@wanadoo.fr
website: www.fivs.org

The Amsterdam Group

Rue Wiertz 50/28
B-1050 Brussels Belgium
Tel: +32 2 401 61 35 Fax: + 32 2 401 68 68
email: info@amsterdamgroup.org
website www.amsterdamgroup.org

MEAS Limited

Merrion House
1/3 Fitzwilliam Street Lower
Dublin 2, Ireland
Tel: 00 353 1 611 4811 Fax: 00 353 1 611 4808
website www.meas.ie

The European Federation Of Wine & Spirit Importers And Distributors (EFWSID)

Five Kings House
1 Queen Street Place
London EC4R 1XX
Tel +44 (0) 20 7248 5377 Fax +44(0) 20 7489 0322
email: EFWSID@wsa.org.uk

USA, CANADA, SOUTH AMERICA, AUSTRALIA

Wine America

1200 G Street NW, Suite 360, Washington DC 20005
Tel: (800) 879 4637 Fax: (202) 347 6341
email: info@americanwineries.org
website: www.americanwineries.org

American Wine Alliance For Research And Education

website: www.alcohol-AWARE.com

American Council On Science And Health

1995 Broadway, 2nd Floor, New York, NY 10023-5860
Tel: (212) 362-7044 Ext. 234 Fax: (212) 362-4919
email: kava@acsh.org website: www.acsh.org

Beer Institute

122 C Street, NW #750,
Washington DC 20001
Tel: (202) 737-2337 Fax: (202) 737-7004
email: info@beerinstitute.org
website: www.beerinstitute.org

Distilled Spirits Council Of The US

1250 Eye Street, NW, Suite 400,
Washington DC 20005
Tel: (202) 628-3544
website: www.discus.org

Proyecto Ciencia Vino Y Salud

Facultad de ciencias Biológicas,
Casilla 114 D. Santiago, Chile
Tel: /Fax: (56-23) 222 2577
email: vinsalud@genes.bio.puc.cl

Educ' Alcool

606, Cathcart, Suite 700, Montréal, Québec, H3B 1K9
Canada Tel: (514) 875-7454
email: hsacy@educalcoool.qc.ca website:
www.educalcoool.qc.ca

The American Beverage Institute

1775 Pennsylvania Avenue NW, Suite 1200
Washington, D.C. 20006 Tel: 202.463.7110
website: www.americanbeverageinstitute.com

FISAC

(Fundacion de Investigaciones Sociales A.C.)
Francisco Sosa 230, coyocan CP 04000 Mexico DF -
Mexico

The Wine Institute

425 Market Street, Suite 1000, San Francisco, CA
94105, USA Tel: (415) 512-0151 Fax: (415) 442-0742

The Beer Wine And Spirits Council Of New Zealand

level 4, 70 The Terrace, Wellington, PO Box 5384
Tel: +64-4-472 2959
email: bwsc@zra.co.nz
website: www.beerwsc.co.nz

Traffic Injury Research Foundation.

Suite 200, 171 Nepean Street, Ottawa, Ontario,
Canada, K2P 0B4 Tel: 613-238-5235
email: barbarak@trafficingjuryresearch.com
website: www.trafficingjuryresearch.com

ICAP

International Center for Alcohol Policies
1519 New Hampshire Avenue, NW
Washington DC 20036
Tel: (202) 986-1159 Fax: (202) 986-2080
website: www.icap.org

The Century Council

1310 G Street, NW, Suite 600,
Washington, DC 20005-3000
Tel: (202) 637-0077 Fax: (202) 637-0079
email: washde@centurycouncil.org
website: www.centurycouncil.org

California Association Of Winegrape Growers

601 University Avenue, Suite 135 Sacramento, CA
95825 email: karen@cawg.org
website: www.cawg.org

Lodi-Woodridge Winegrape Commission

2545 West Turner Road Lodi, CA 95242 USA
email: mark@lodiwine.com
website www.lodiwine.com

Olsways Preseervation & Exchange Trust

266 Beacon Street Boston, MA 02116 617.421.5500
Fax: 617.421.5511 website: www.oldwayspt.org

The Australian Wine Research Institute

PO Box 197, Glen Osmond 5064, South Australia,
Australia. Tel: 61 8 8303 6600 Fax: 61 6 303 6601
website www.awri.com